

Name
in
Full

Elizabeth Ball.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Montgomery	County	MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	White	Birthplace
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Note	Name of Wife or Husband	Father's Birthplace	Virginia
Father's Name	John L. Ball		Mother's Birthplace	Virginia
Mother's Maiden Name	Aukroon		How related to deceased	Nephew
Name of person giving information	Hugh L Stevens			

CAUSES OF DEATH

Primary	Broncho-pneumonia		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		Claiborne H. Manns, M.D.	
Accident or Suicide?			

(92)

How long

The week

How long

36 hours

LIBRARY BUREAU AS8016



Name
in
Full

Mary Vincent Baumer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Berwood	Maryland	
Date of death	Month	Day	Years
1907	3	4	41
Months		10	~3
Sex	Color or Race	Birthplace	
Female	white	Virginia	
Occupation	Where Residing if not at place of death		
Housewife	—		
Married, Single or Widowed	Name of Wife or Husband	Henry F. Baumer	
Married	Henry F. Baumer	Father's Birthplace	VA.
Father's Name	Thomas Redman		
Mother's Maiden Name	Nathaniel Kendall		
Name of person giving information	Henry Baumer		
Husband	Mother's Birthplace	VA.	
How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(9)

179

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

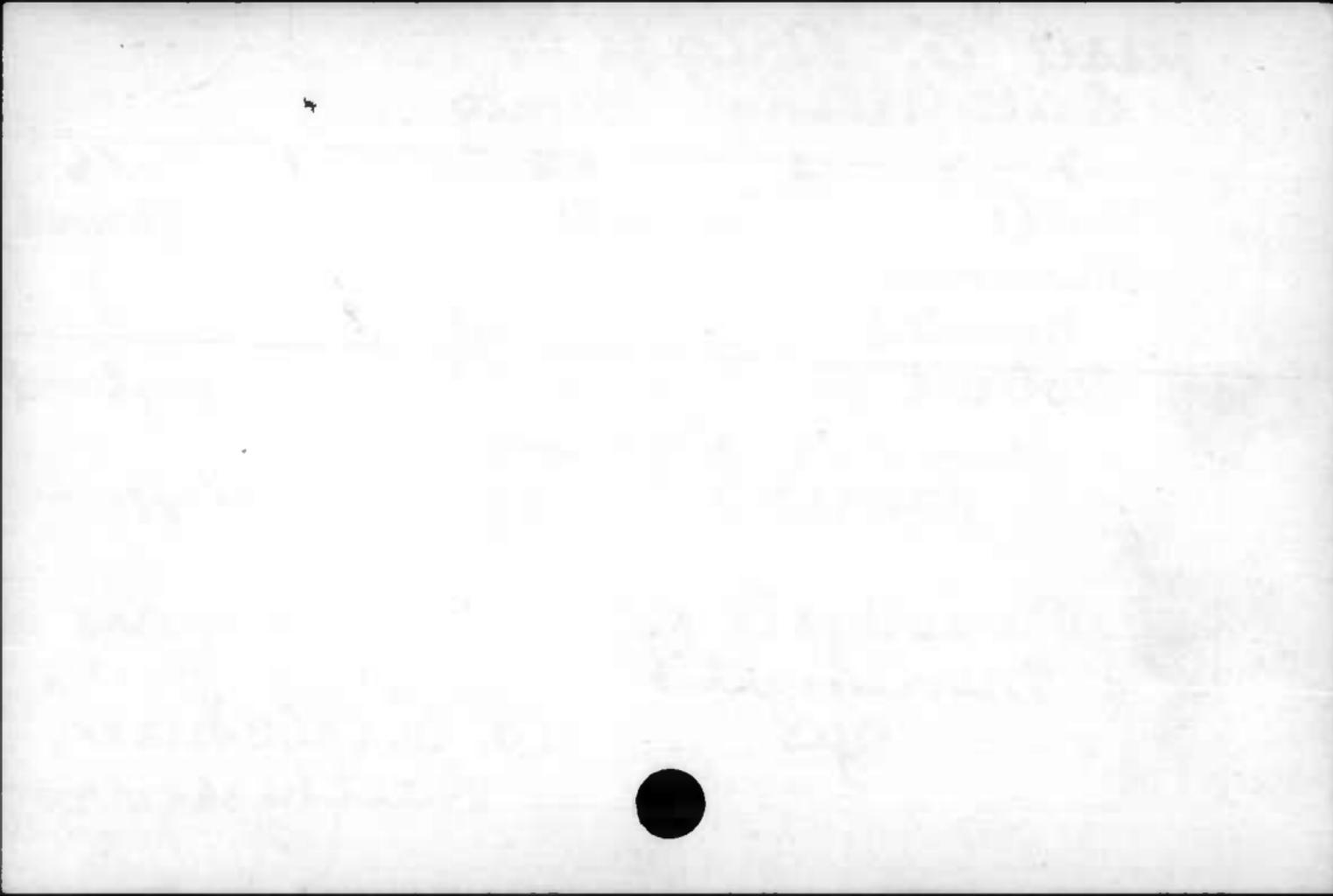
Signature of Physician

H.B. Hadley.

Address

Fairlessburg.
Maryland.

Accident or Suicide?



Name
in
Full

Jessie E. Briggs
Town Gaithersburg County Montg

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at MARYLAND
Date Month Day Years Months Days
of death 1907 3 2 Age 42 1 16

Sex male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not
at place of death

Married, Single or Widowed married Name of Wife or Husband

Father's Name Robert B Briggs Father's Birthplace Maryland

Mother's Maiden Name Leanna Snyder Mother's Birthplace "

Name of person giving information Carrie E Briggs How related to deceased

61

How long

3 Years

How long

3 Weeks

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Meningitis

Are the name, age, sex, color, date
and place correctly given above?

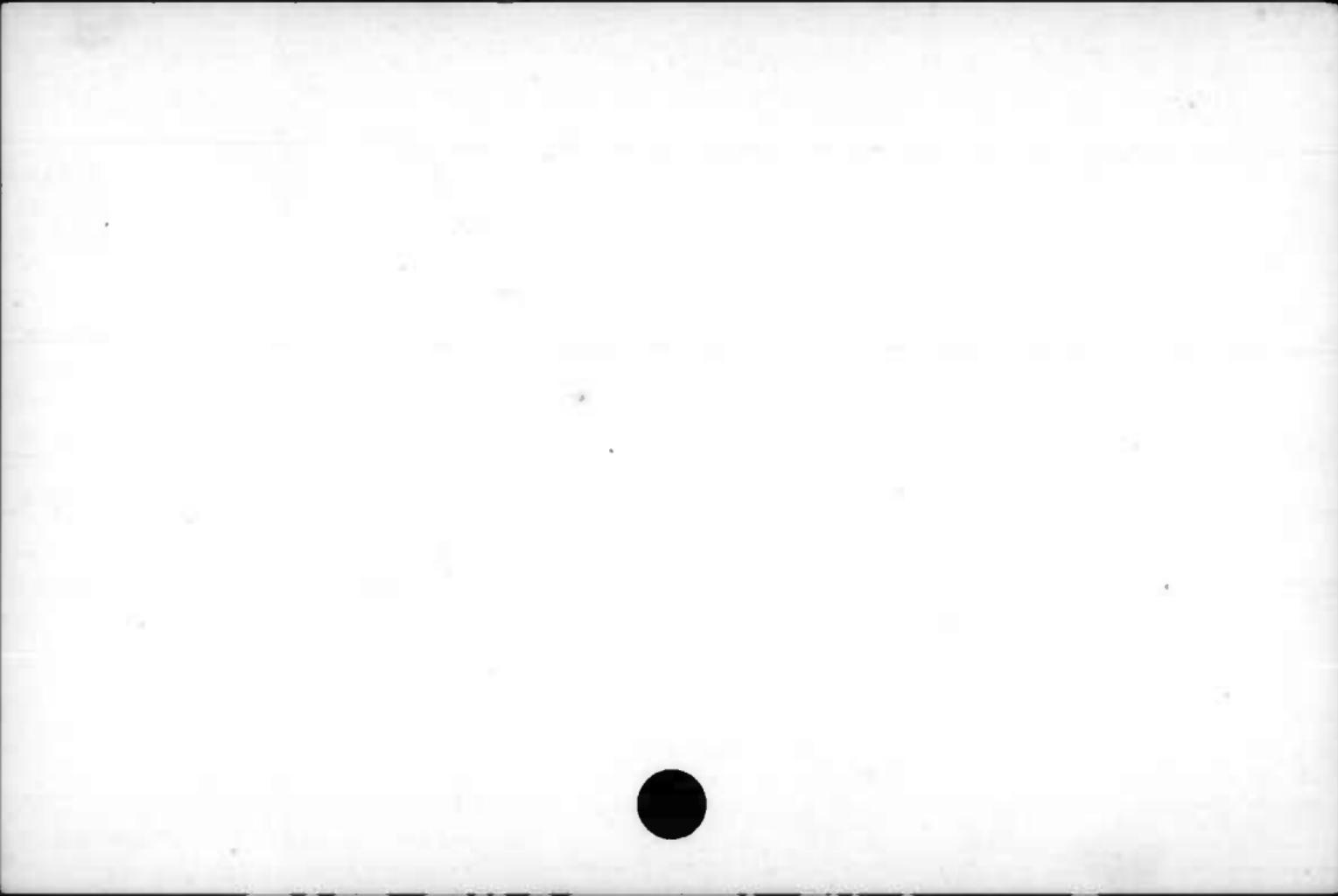
yes

Signature of
Physician

Address

E. C. Etchison
Gaithersburg
Md

Accident or Suicide?



Name
in
Full

Mattie V Bright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at <u>Jesus Unity</u>	<u>Hancock</u>				
Date of death <u>1907</u>	Month <u>November</u>	Day <u>31</u>	Years <u>21</u>	Months <u>7</u>	Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>African</u>	Birth-place <u>Jesus Unity</u>			
Occupation <u>Servant</u>	Where Residing if not at place of death <u>Unity</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Bright</u>				
Father's Name <u>John Nettles</u>	Father's Birthplace <u>Bounty Co</u>				
Mother's Maiden Name <u>Jessie Joogood</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>John Nettles'</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Tubercular pneumonia

5 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

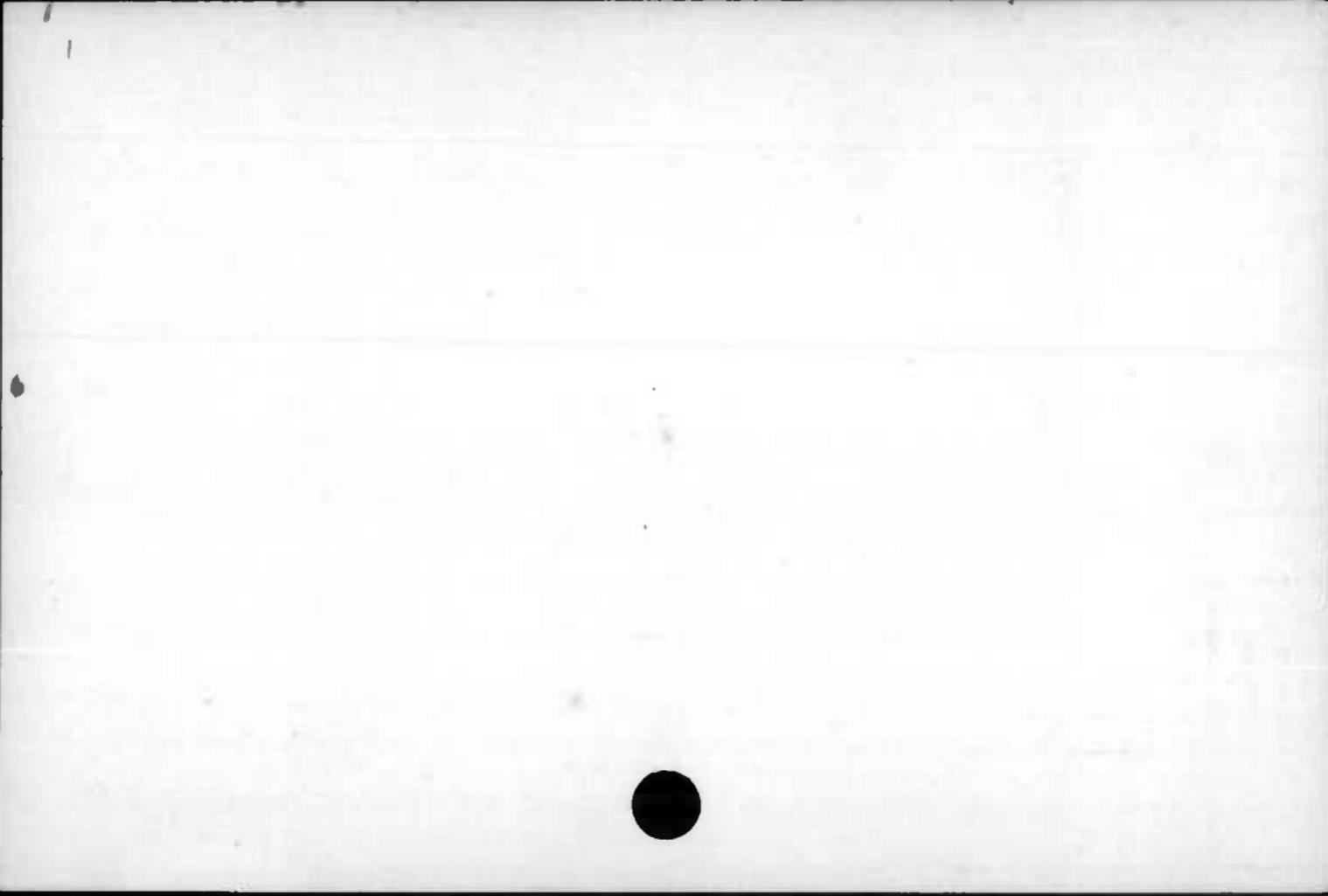
Signature of Physician

H. G. Skinner

Address

Unity

Accident or Suicide?



Name
in
Full

Gamma Brown

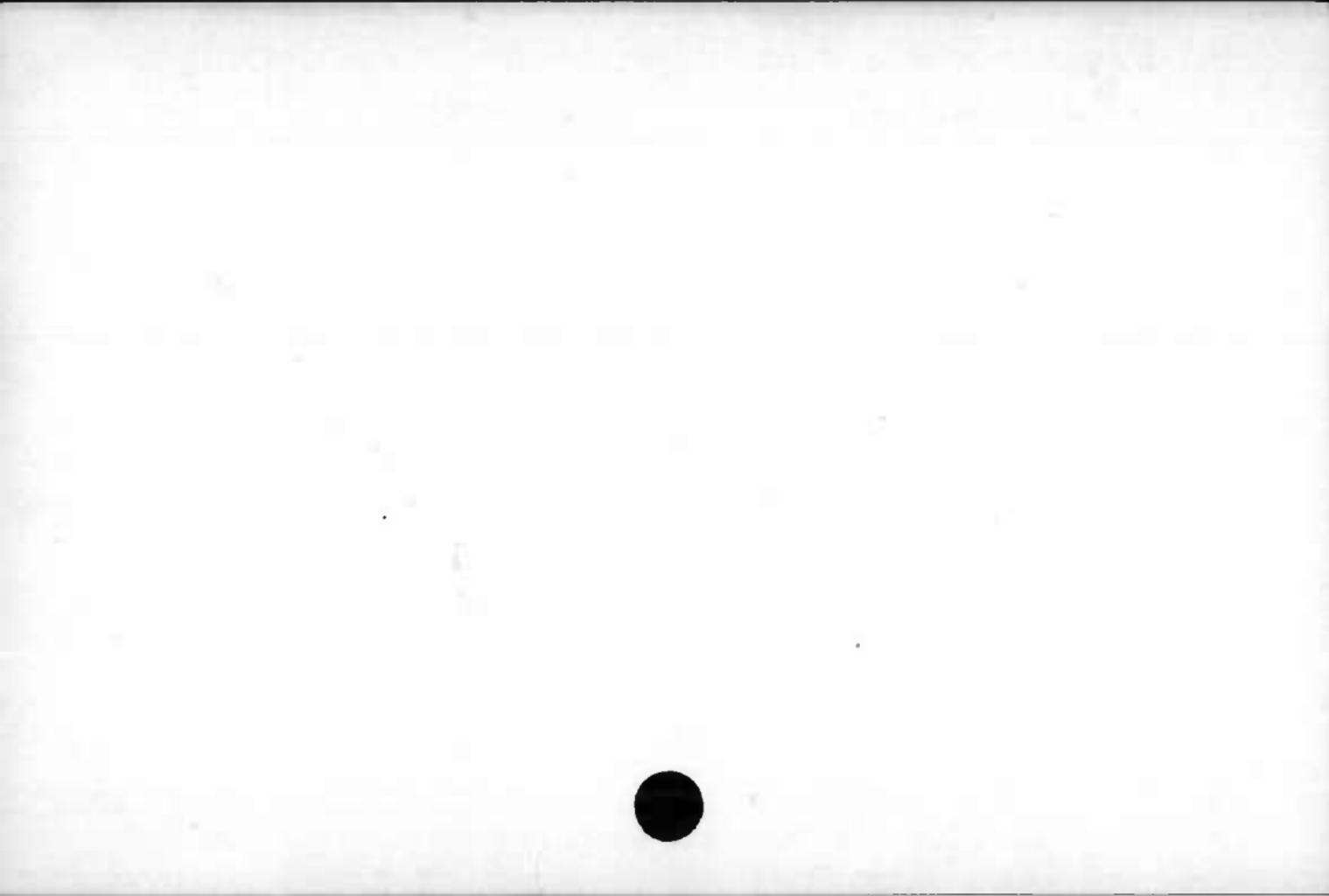
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Norbeck</u>		Town <u>Town</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>11</u>	Age <u>1</u>	Years <u>1</u>	Months <u>2</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>Nigro</u>			Birth-place <u>Maryland</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>			Father's Name <u>—</u>	Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>					Mother's Birthplace <u>—</u>		
Name of person giving Information <u>John H.</u>					How related to deceased <u>Not at all</u>		

CAUSES OF DEATH

Primary	Pneumonia	93	How long	Three days
			How long	
Immediate				
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Edward Anderson MD</u>	
		Address	<u>Rockville, Md.</u>	
Accident or Suicide?				



Name
in
Full

Benson Henry Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	March	26	Age 73	10	Mo	
Sex	Male	Color or Race		Birth-place		
Occupation	Merchant		Where Residing if not at place of death	Marry wife		
Married, Single or Widowed			Name of Wife or Husband	Joseph Brown		
Father's Name				Father's Birthplace		
Mother's Maiden Name	Nancy Jones			Mother's Birthplace		
Name of person giving information	Cloud Avery		How related to deceased	Neighor		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

(66)

How long

9 day

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

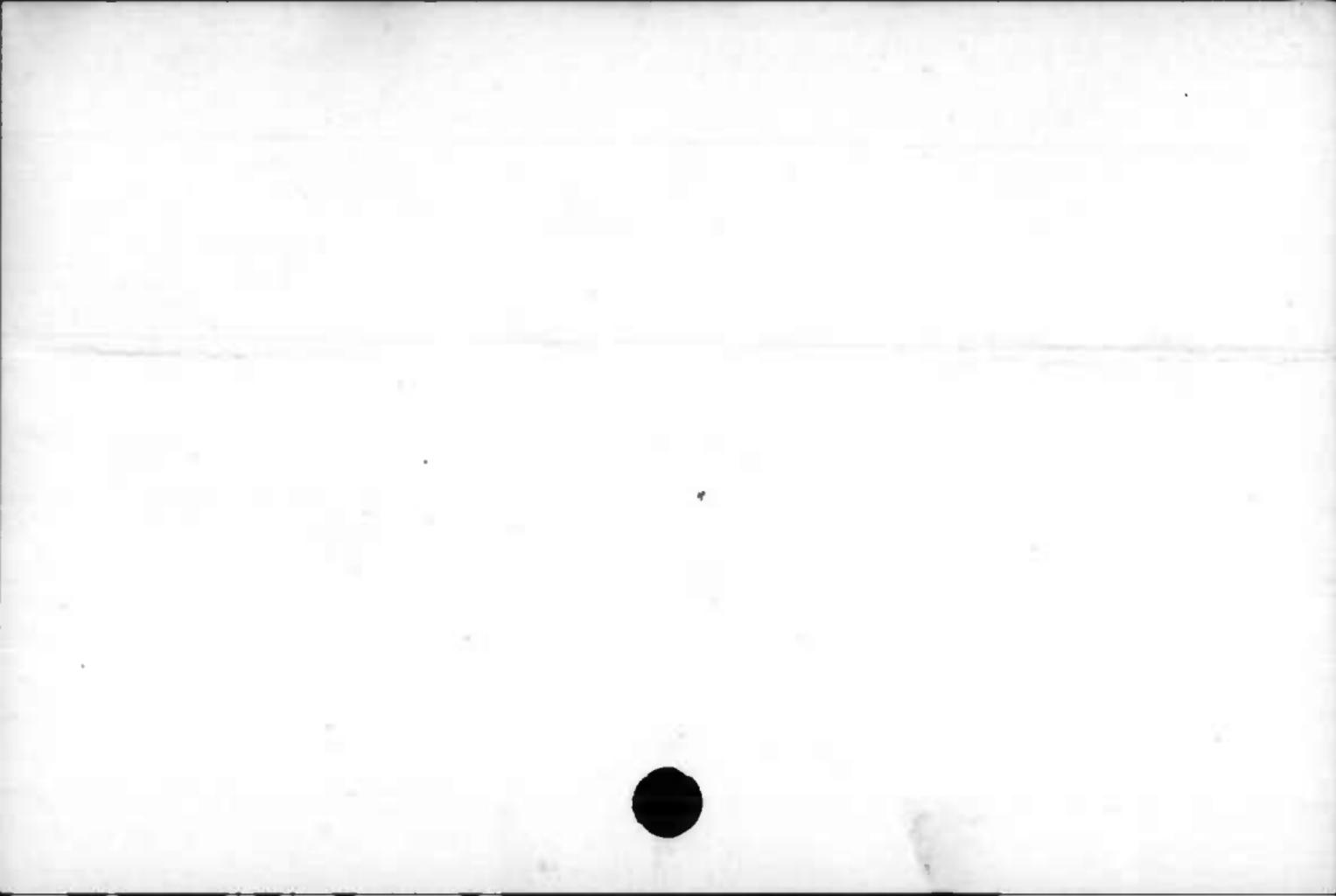
yes

Signature of Physician

Address

J. R. Patterson
Springfield
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Bethel Clifper

CERTIFICATE OF DEATH

Town Seneca
Died at Seneca County Mddly
Date of death 1907 Month 3 Day 14 Years 24 Months 6 Days
Sex Female Color or Race Negro

Occupation Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of
Husband

Birth-place Seneca Md.

Father's Name

Chas. Ward (Unknown)

Father's Birthplace

Mother's Maiden Name

Patsyue Williamson

Mother's Birthplace

Name of person giving
Information

Physician

How related
to deceased

CAUSES OF DEATH

(27)

Primary

Pulmonary Tuberculosis

One.

How long

Immediate

Asthma

Are the name, age, sex, color, date
and place correctly given above?

yes

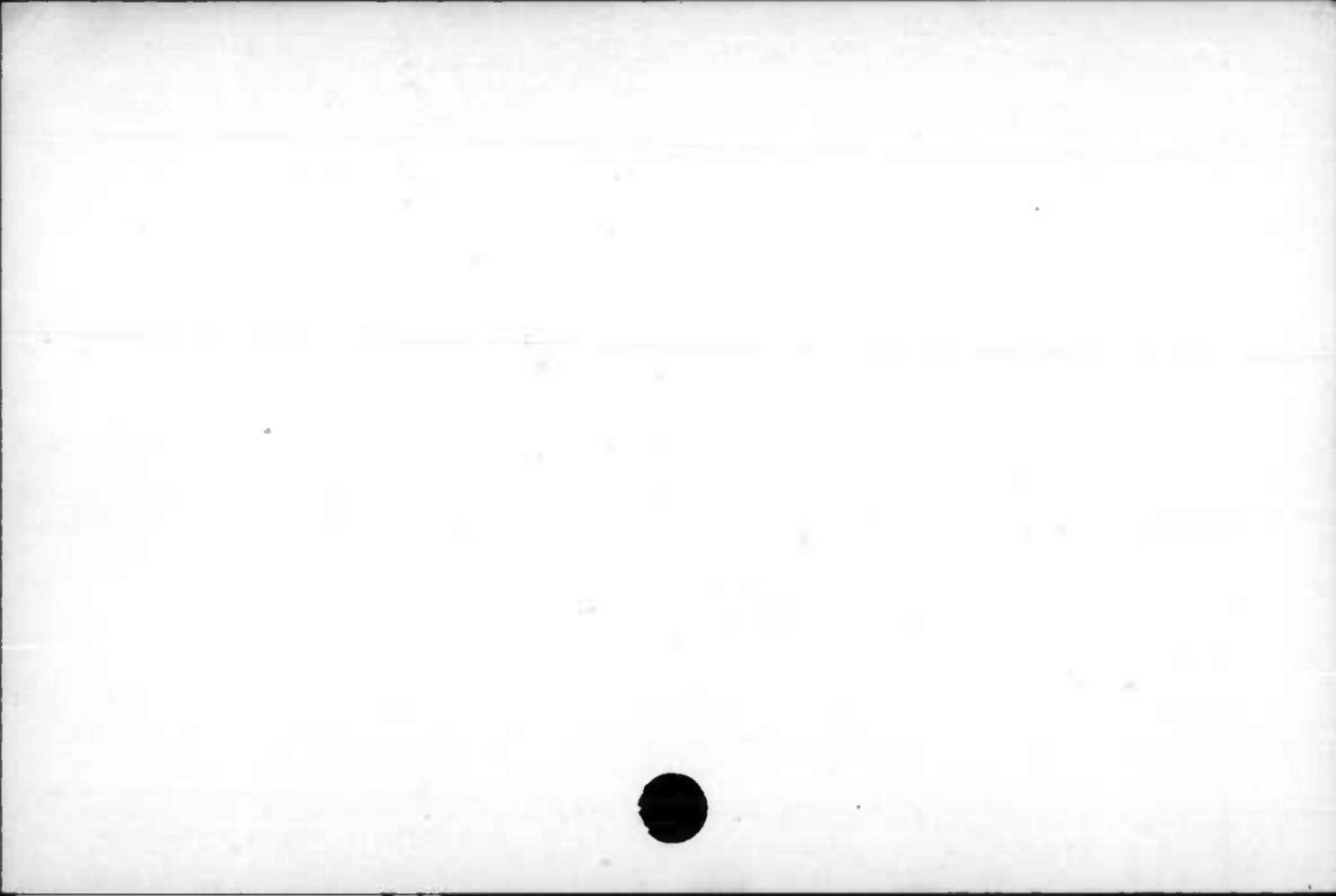
Signature of
Physician

Address

U. D. House M.D.
Pawtucket Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Augustia F. Collins

CERTIFICATE OF DEATH

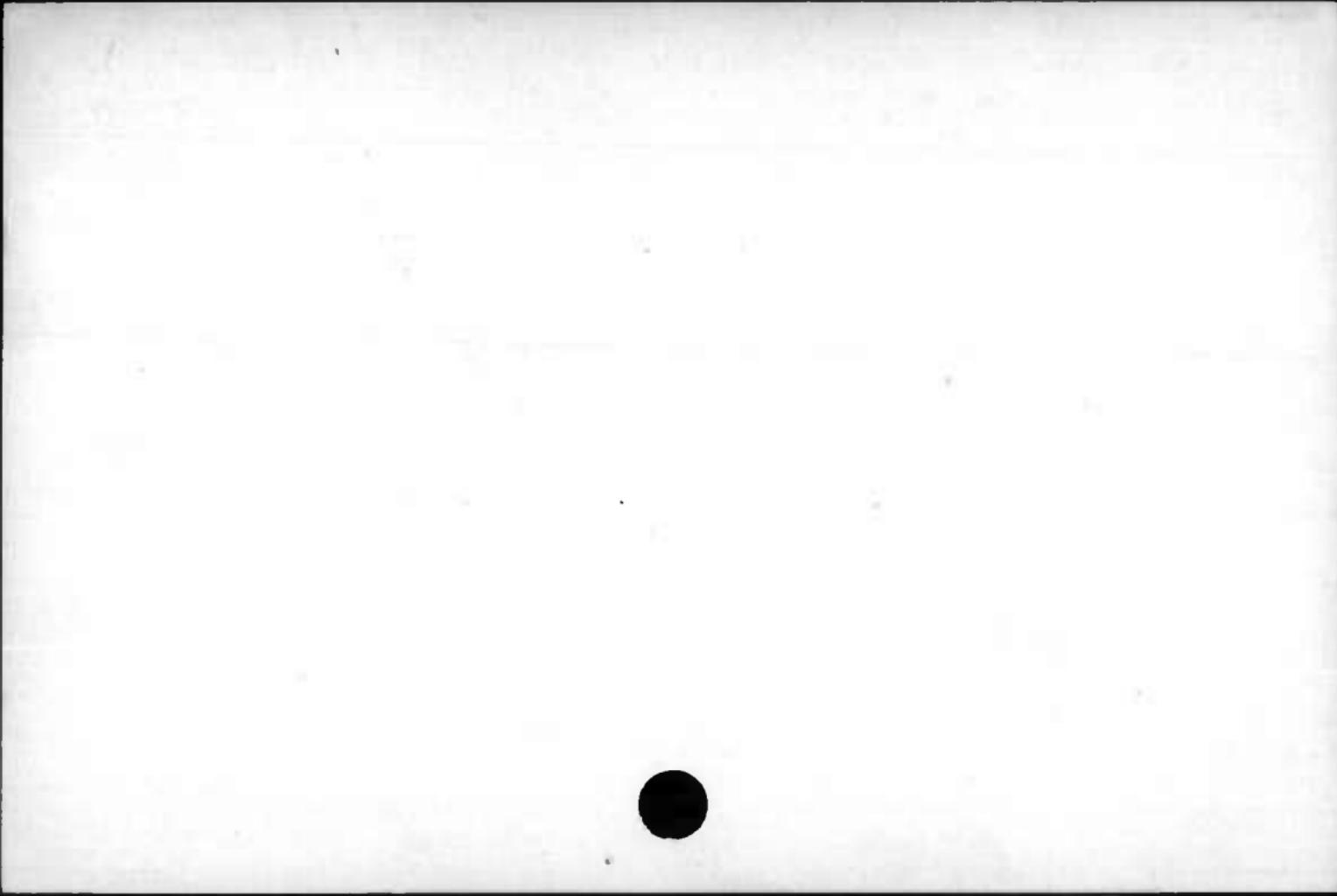
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Potomac</i>	County <i>Maryland</i>	MARYLAND		
Date of death	Day <i>90</i>	Year <i>MAR 23 1907</i>	Age <i>39</i>	Months —	Days —
Sex	<i>Female</i>	Color or Race <i>White</i>	Birthplace <i>D.C.</i>		
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Sister R. Collins</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>John R. Collins</i>	Father's Birthplace —		
Father's Name	<i>Unknown</i>		Mother's Birthplace —		
Mother's Maiden Name	<i>Unknown</i>		How related to deceased <i>Cousin</i>		
Name of person giving Information	<i>Alvin F. Low</i>				

CAUSES OF DEATH

27

PHYSICIAN OR CORONER	Primary	How long
	Immediate <i>Pulmonary tuberculosis</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. J. Price</i>
<i>yes</i>		Address <i>Potomac Md.</i>
Accident or Suicide? <input checked="" type="checkbox"/>		



Name
in
Full

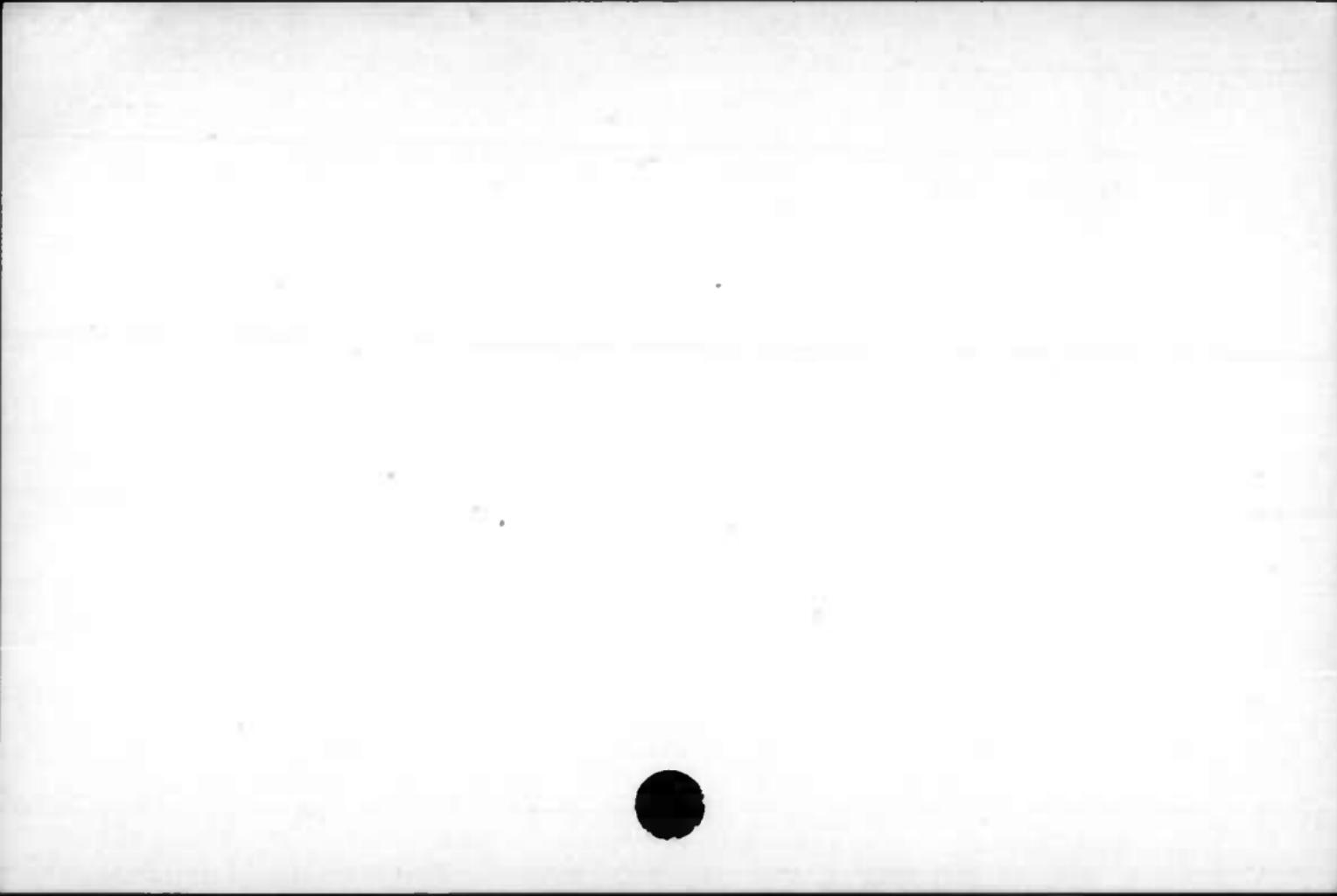
TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>near Rockville</u> Town			County <u>Montgomery</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>31</u>	Age <u>15</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birthplace <u>Maryland</u>			
Occupation <u>Sabotage</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Samuel Cooper</u>				Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Olyra Mason</u>				Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Samuel Mason</u>				How related to deceased <u>Niece</u>		

CAUSES OF DEATH

Primary	<u>Measles</u>		⑥	How long
				<u>Two weeks</u>
Immediate	<u>Pulmonary Tuberculosis</u>			How long
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician <u>Edward Anderson M.D.</u>	
			Address <u>Rockville M.D.</u>	
Accident or Suicide? <input checked="" type="checkbox"/>				



Name
in
Full

Susan Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	Nov.	22	Age 84
Sex	Color or Race	Birth-place	
Female	white	Goshen	
Occupation	Where Residing if not at place of death		
Hausewife	Unity		
Married, Single or Widowed	Name of Wife or Husband		
Married	Nimrod Davis		
Father's Name	Father's Birthplace		
Joseph Ekins			
Mother's Maiden Name	Mother's Birthplace		
Acenith Ekins			
Name of person giving information	How related to deceased		
Ann Houck	Niece		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

(10)

How long

7 days

Immediate

Bronchial Pneumonia

How long

2 Days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

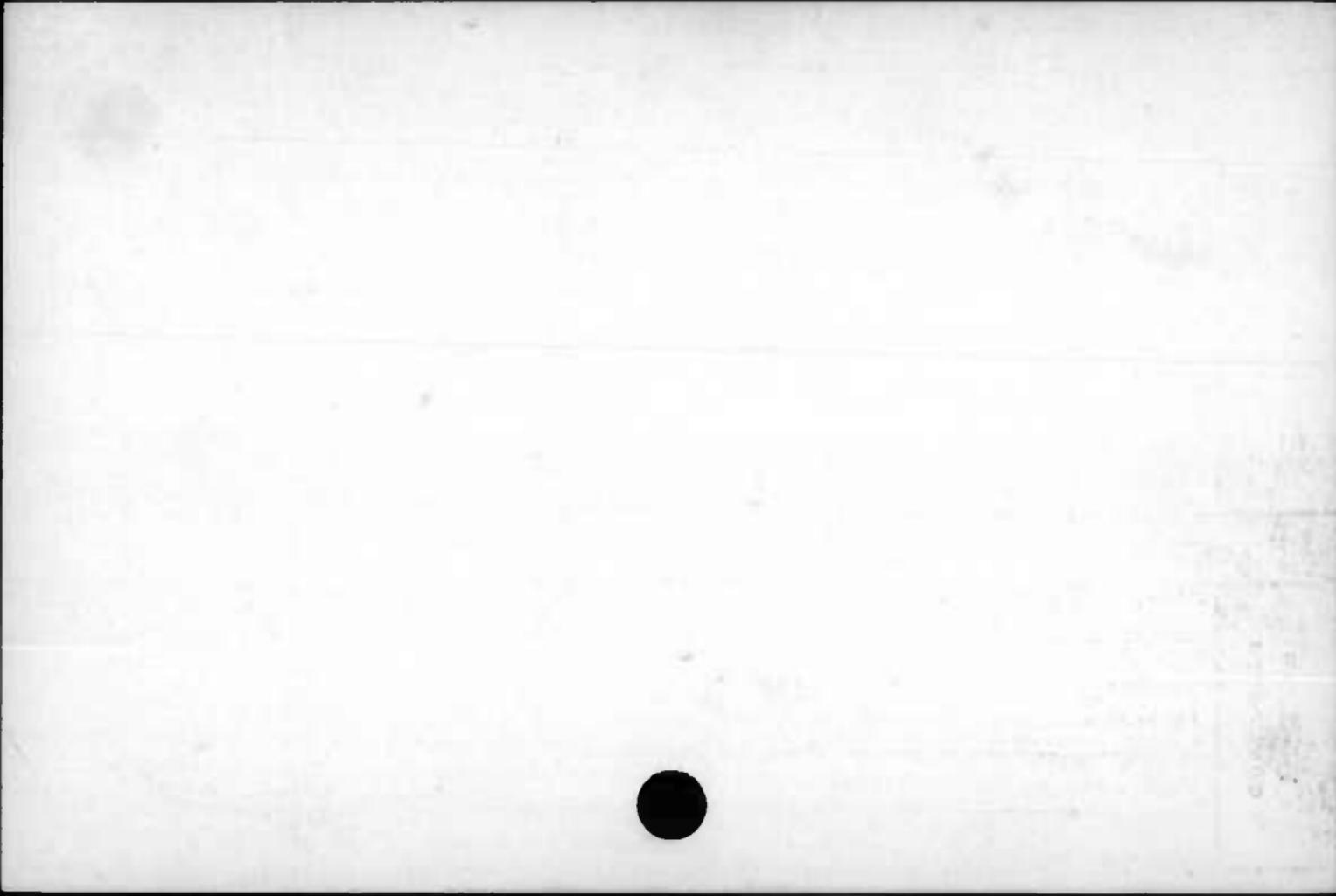
H. G. Spurrier

Address

Unity

Maryland

Accident or Suicide?



Name
in
Full

Paul Creel Gray

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mo ^d
Father's Name	Chas. H. Gray	Mother's Birthplace	"
Mother's Maiden Name	Arabelle J. H. Creel.	How related to deceased	Father
Name of person giving Information	Chas H. Gray	92	3 weeks -

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchopneumonia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

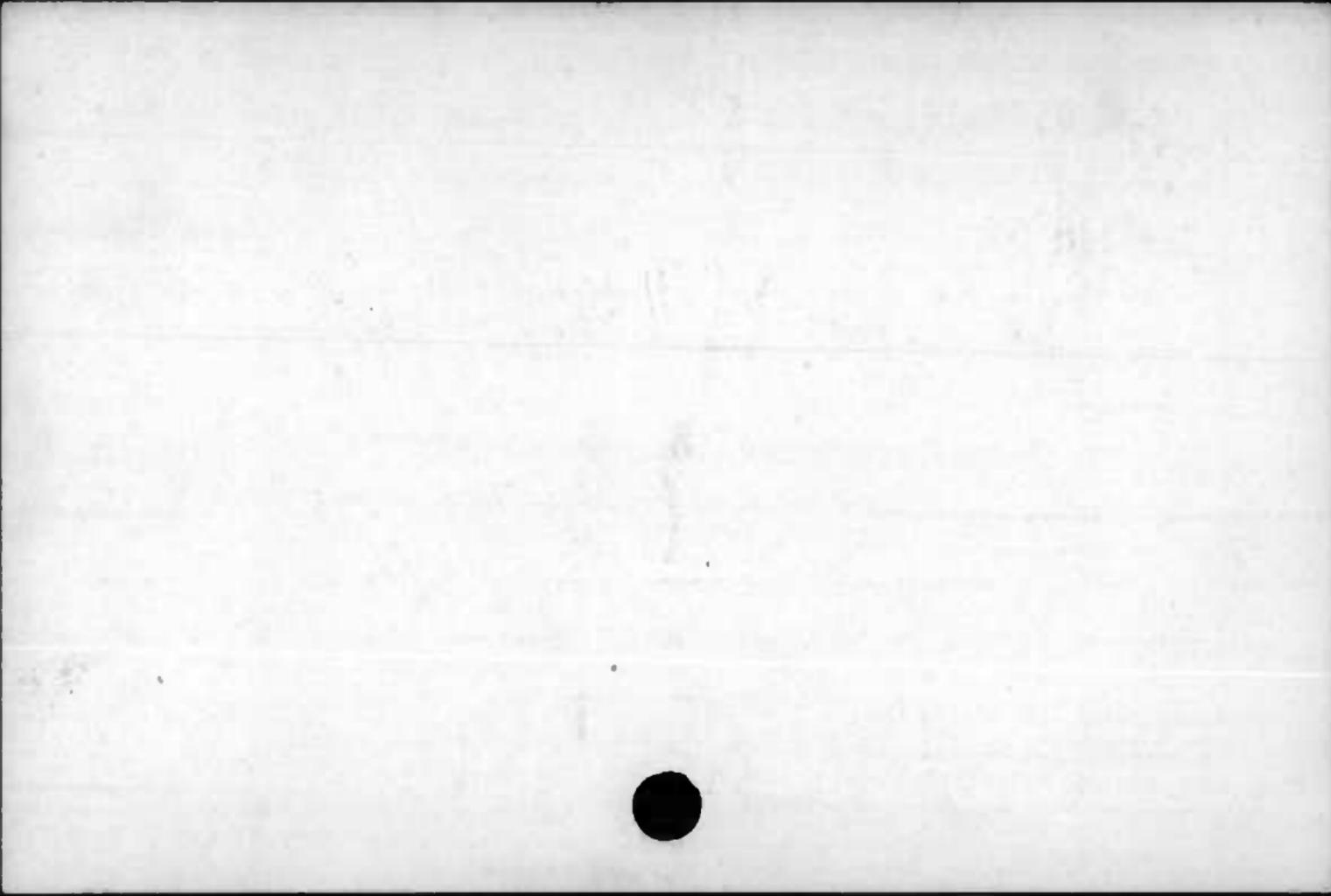
Signature of Physician

Address

A. B. Shadley,

Gaithersburg
Md.

Accident or Suicide?



Name in Full

Certificate of Death

Nettie May English

Died at	Town	County	MARYLAND		
	Gaithersburg	Montgomery			
Date 19	Month	Day	Y.	M.	D.
07	March	18	18	3	25
Male	White	Married	Native of	Occupation	
Female	Colored	Single	Maryland	None	
Husband of	Mother's			Number of children living	
Wife	Elizabeth Luckett			—	
Father's Name	George W. English	Maiden Name	How long sick		
Cause of Death	Primary	General Tuberculosis	1 yr.		
Death	Immediate	Heart failure	Accident, Suicide, Homicide		
Reported by	George E. Lewis, M.D.				
Address	Rockville	██████████	Maryland		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Walter Franklin Gussendorf

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month March	Day 20	Years 25	Months 8	Days 27
Sex	Male	Color or Race	White			
Occupation	Farmer		Where Residing if not at place of death Germantown			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	John Gussendorf		Father's Birthplace Germany			
Mother's Maiden Name	Rebecca Gussendorf		Mother's Birthplace Germany			
Name of person giving information	J. A. Leamane		How related to deceased Brother-in-law			

CAUSES OF DEATH

Primary

Typhoid

(1)

How long

24 days

Immediate

Septic - Peritonitis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

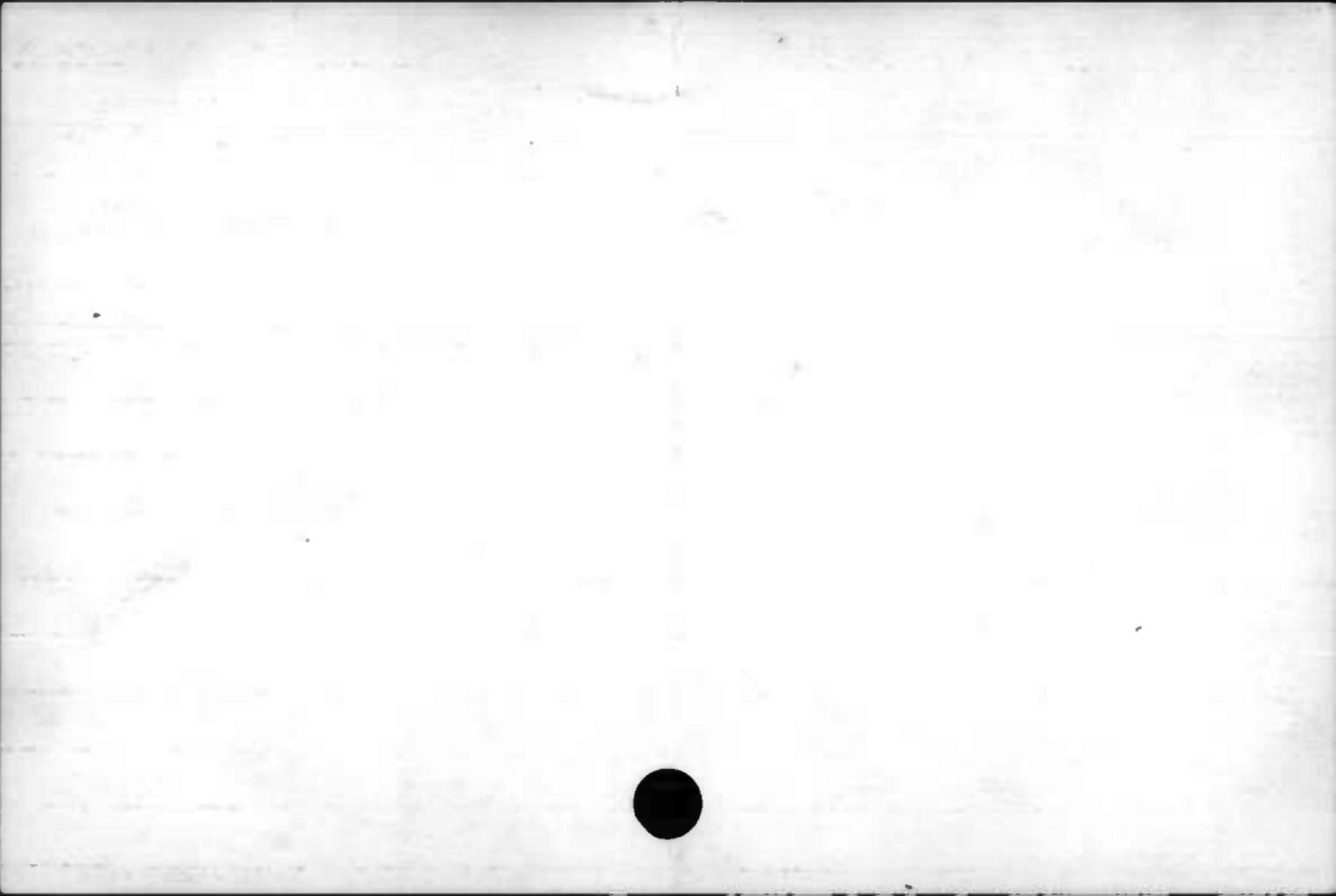
yes

Signature of Physician

Address

J. A. Singers
Germantown Md

Accident or Suicide?



Name
in
Full

Herry Haigh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

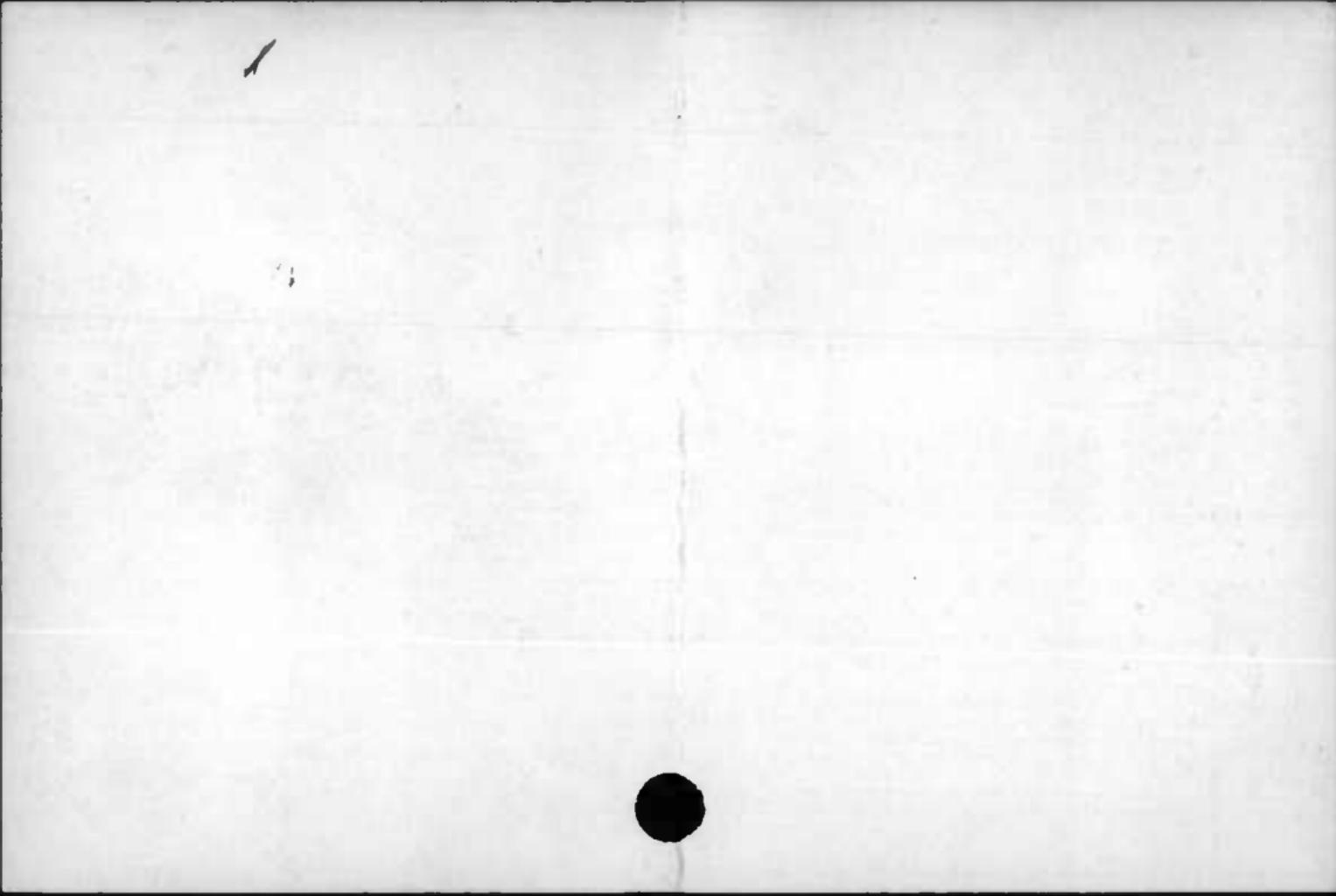
Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex male	Color or Race	white	Birth-place	N.Y. state	
Occupation Carpenter	Where Residing if not at place of death				
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband Amanda Purdy Haigh				
Father's Name	Stephen Haigh				
Mother's Maiden Name	Modery				
Name of person giving information	Horace Haigh				

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	Senile gangrene left leg		How long	5 weeks
Immediate	General exhaustion		How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G.H. Wright	
		Address	Fourth Glen.	
Accident or Suicide?				



<i>John Hall</i>				CERTIFICATE OF DEATH			
Died at <i>bear Ashton</i>		Town	County		MARYLAND		
Date of death <i>1907</i>	Month <i>March</i>	Day <i>23</i>	Years	Age <i>sixty</i>	Months	Days	<i>five eight days</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place		at place of death		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Grace E. Hall</i>			Grace E. Hall			
Married, Single or Widowed <i>married</i>	Name or Wife or Husband				Father's Name	Father's Birthplace	
Father's Name							Mother's Birthplace
Mother's Maiden Name							How related to deceased
Name of person giving information <i>Belton Hill</i>							

CAUSES OF DEATH

Primary <i>apoplexy</i>	(64)	How long <i>found dead</i>
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. Farquhar, M.D.

Accident or Suicide?

*J. Fairall J.P. acting
as coroner
Bandy Spring Md.*

Name
in
Full

John Thomas Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months Days	
Sex	Color or Race	Colored	Birth-Place	Carroll Co.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name or Wife or Husband	Mary Hall			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Rebecca Hall	Mother's Birthplace Carroll Co.			
Name of person giving information	Mary Hall	How related to deceased wife			

CAUSES OF DEATH

Primary

Pneumonia

93

How long

1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

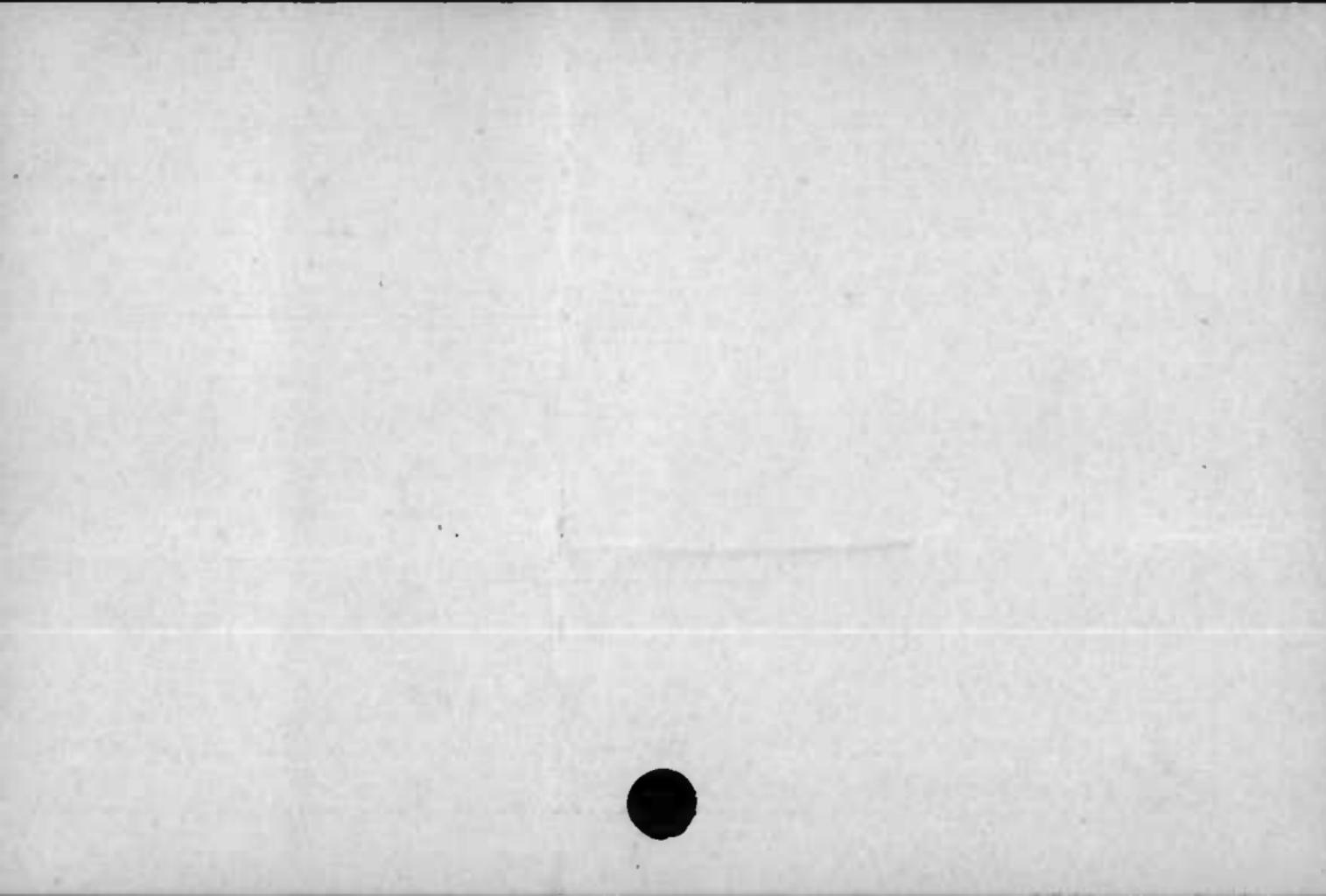
Yes

Signature of Physician

Address

Big Sableton
F. Brighton, Md.

Accident or Suicide?



Name
in
Full

Margaret Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	1907	Years	Months	Days
Sex	Female	Age	79	
Occupation	Housewife	Color or Race	White	Birth-place
Married, Single or Widowed	Widow	Where Residing if not at place of death		
Father's Name	Unknown	Name of Wife or Husband	James H. Harris	
Mother's Maiden Name	Unknown	Father's Birthplace	-	
Name of person giving information	Jos' M. Harris	Mother's Birthplace	-	
How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lung Disease
Pneumonia

(10)

How long

9 days

Immediate

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

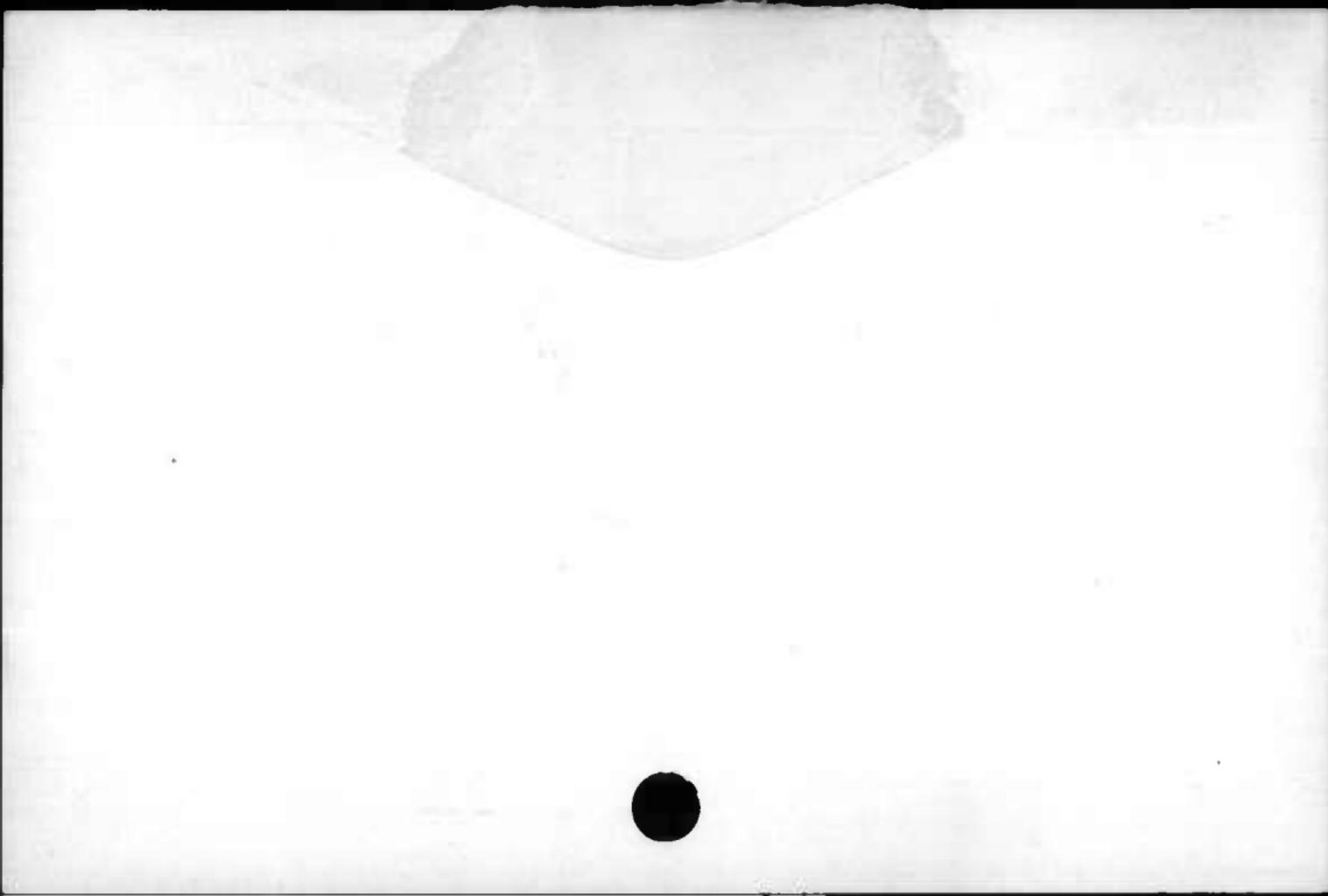
Yes

Address

N. J. Pitt

Accident or Suicide?





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Martha Jane Hawkins

Town

County

Died at

Brink

Montgomery

Date
of death

1907

Month

March

Day

23rd

Years

28

Months

Days

Age

Color or
Race

Black

Birth-
place

Ind.

Sex

Fayrah

Occupation

Housework

Where Residing if not
at place of deathMarried, Single
or Widowed

Singh

Name of Wife or
HusbandFather's
Name

Dr. H. Hawkins

Father's
BirthplaceMother's
Maiden Name

Terry S Jackson

Mother's
BirthplaceName of person giving
Information

C. S. Carlisle

How related
to deceased

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Tuberculosis

How long

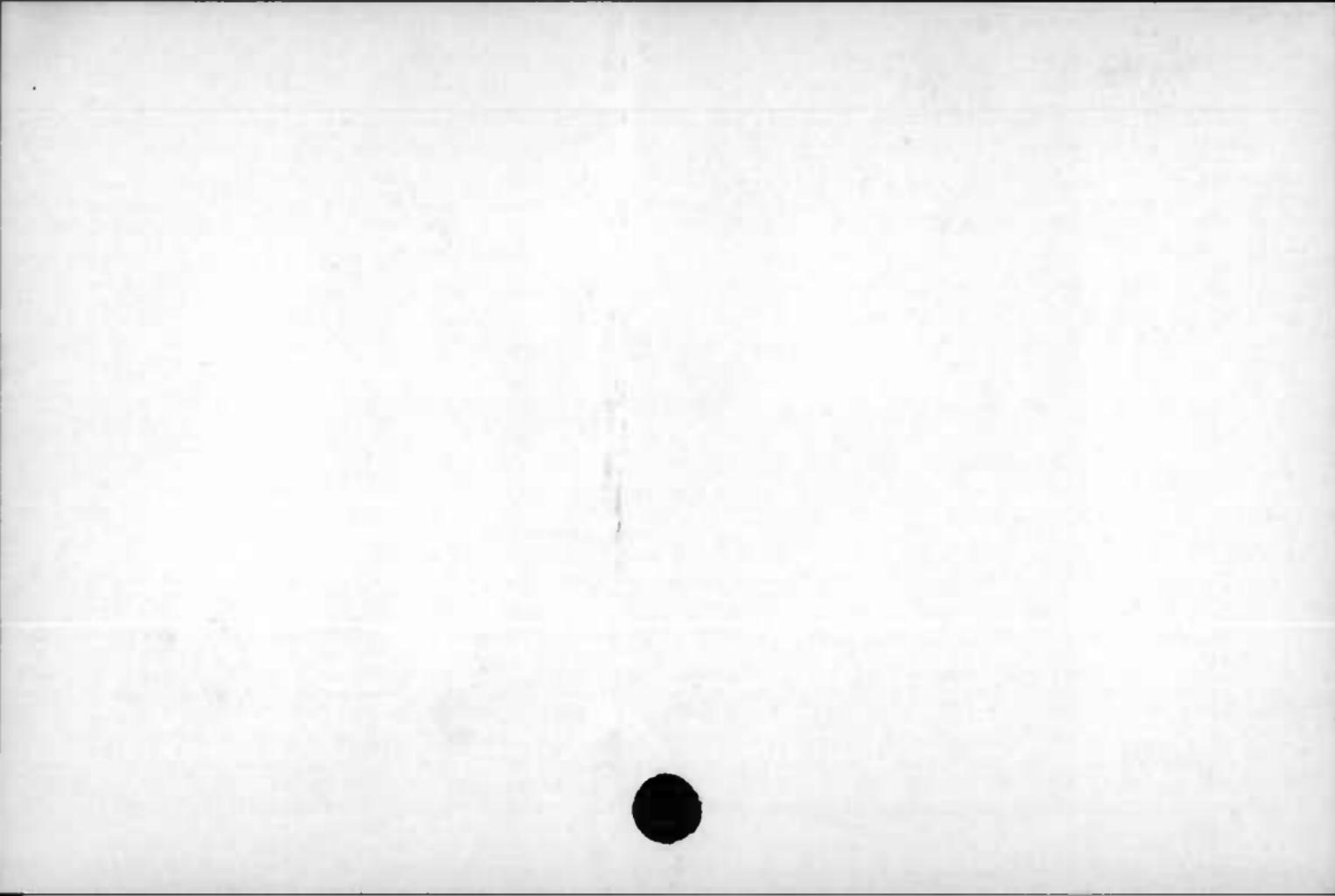
3 1/2 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

F. J. Henderson M.D.
Clarksburg
Maryland

Accident or Suicide?



Name
in
Full

Margret Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Black		
Occupation	Housewife				
Married: Single or Widowed	Name of Husband	Sam'l. Johnson			
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Physician				

CAUSES OF DEATH

27

Primary

Pulmonary tuberculosis

How long

3 yrs.

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

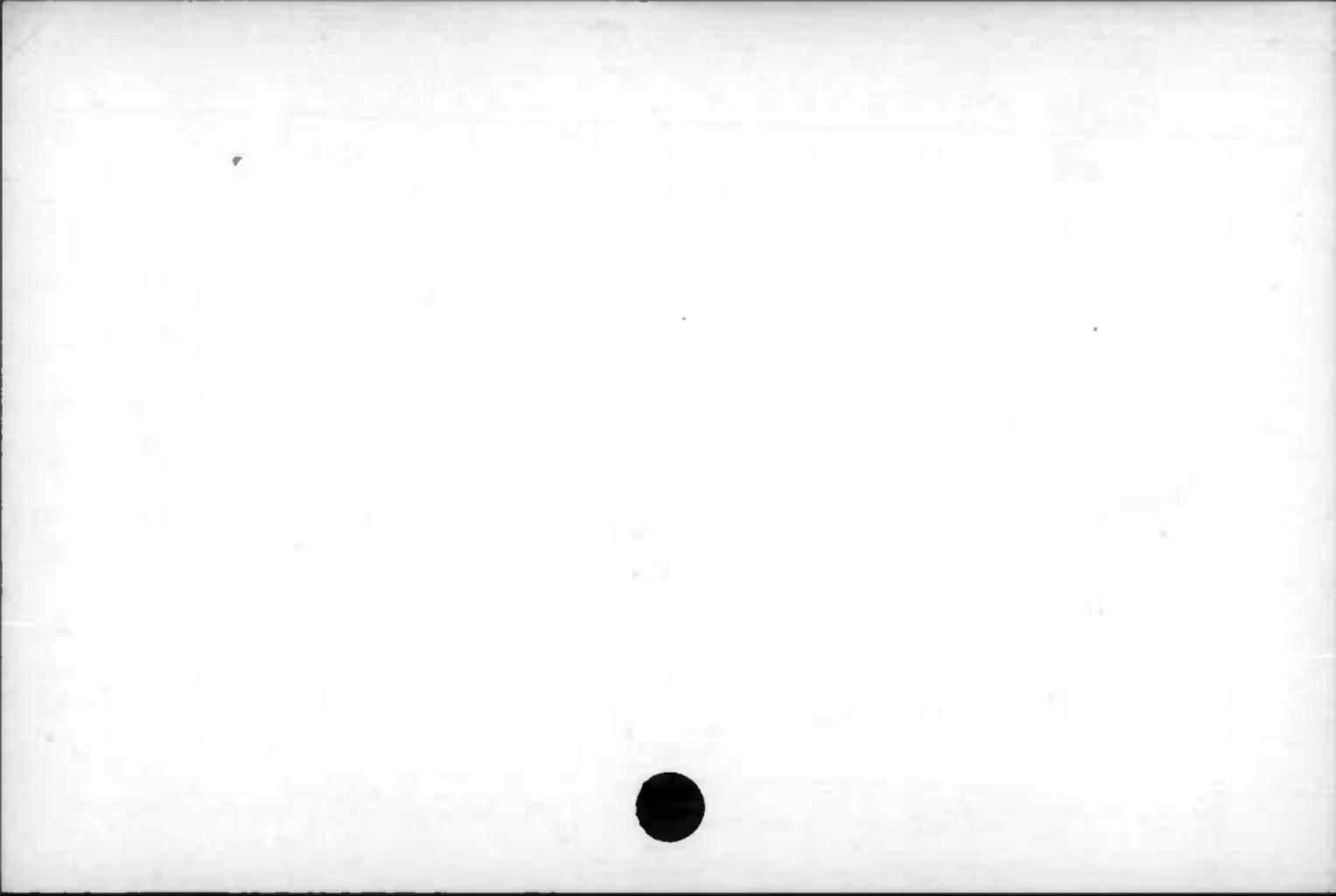
Signature of Physician

Address

U. D. House M.D.
Dawsonville Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary E. Jones
Hannanek Montgomery MARYLAND

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Hannanek		County	Montgomery		
Date of death 1907	Month March	Day 17	Age 63	Years	Months	Days
Sex Female	Color or Race White	Birth-place DC				
Occupation Housewife	Where Residing if not at place of death James					
Married, Single or Widowed Widow	Name of Husband J. H. Jones, deceased					
Father's Name Jim Hananek	Father's Birthplace DC					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased Son					

CAUSES OF DEATH

120

How long about six months

How long one day

PHYSICIAN
OR CORONER

Primary	Chronic nephritis		Signature of Physician	Boggs & Jones	
Immediate	Acute gastritis		Address	Kensington	
Are the name, age, sex, color, date and place correctly given above?		Yes	✓		
Accident or Suicide?		No	✓		



Name
in
Full

Sarah Elizabeth Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month Mar	Day 27	Years Age 35	Months 8	Days 6
Sex	Female		Color or Race	Colored		
Occupation	—		Where Residing if not at place of death	Montgomery Co		
Married, Single or Widowed	Married		Name of Wife or Husband	Lydney Jones		
Father's Name	Isaac Johnson			Father's Birthplace	Montgomery Co	
Mother's Maiden Name	Sarah A Johnson			Mother's Birthplace	Montgomery Co	
Name of person giving information	Hezekiah T Johnson			How related to deceased	Brother	

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Kidney

How long

three years

Immediate

General exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

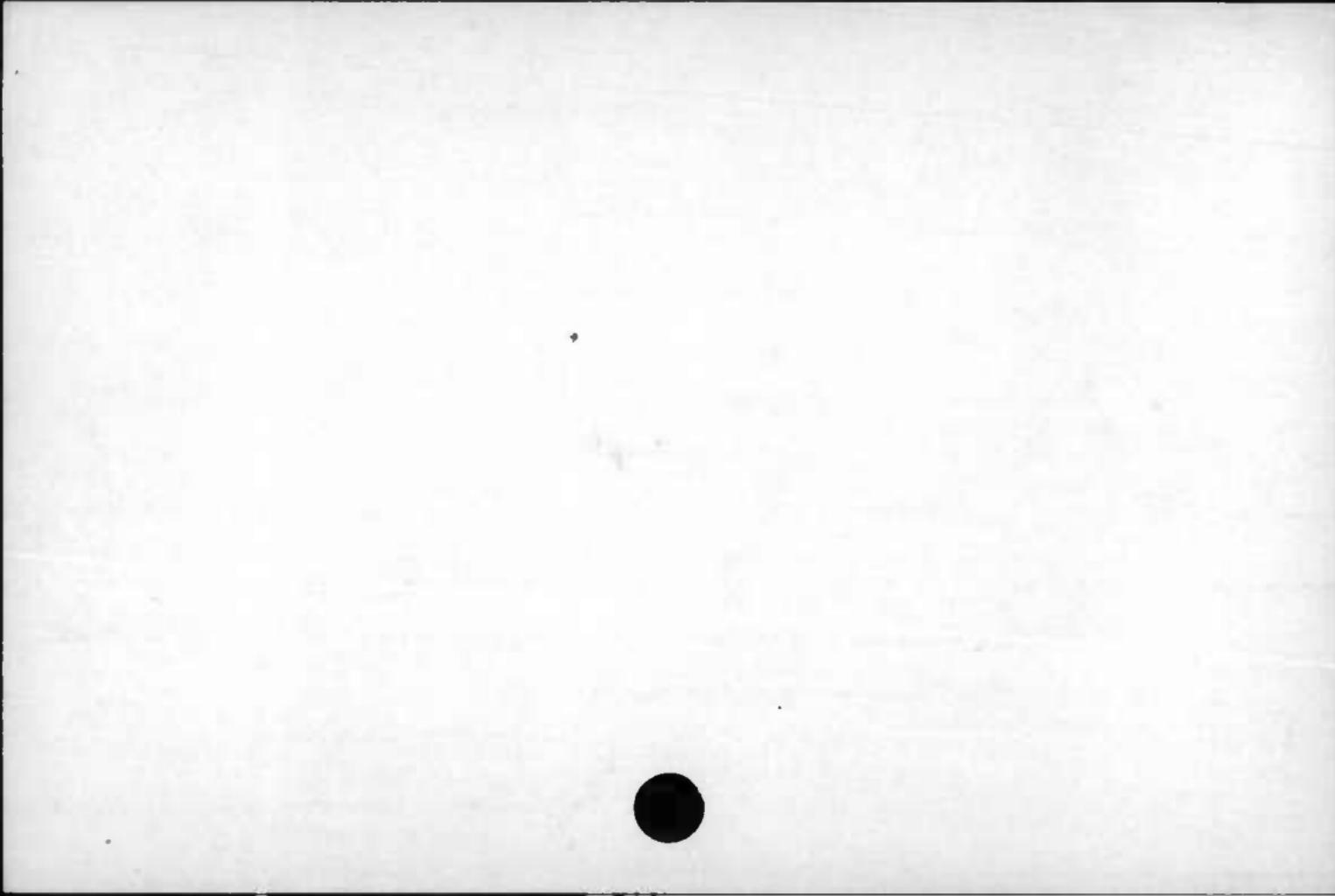
Signature of Physician

Address

V H Dyeon

Laytonsville

Accident or Suicide?



Name
in
Full

Margie L King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Mar	22	-	2	14
Sex	Female	Color or Race	white	Birth-place	Montgomery Co
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James R King		Father's Birthplace	Montgomery Co	
Mother's Maiden Name	Della H Woodfield		Mother's Birthplace	"	
Name of person giving information	James R King		How related to deceased	Father	
CAUSES OF DEATH					
Primary	Bronchitis Pneumonia		How long	92	
Immediate	Exhaustion		How long	3 weeks	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

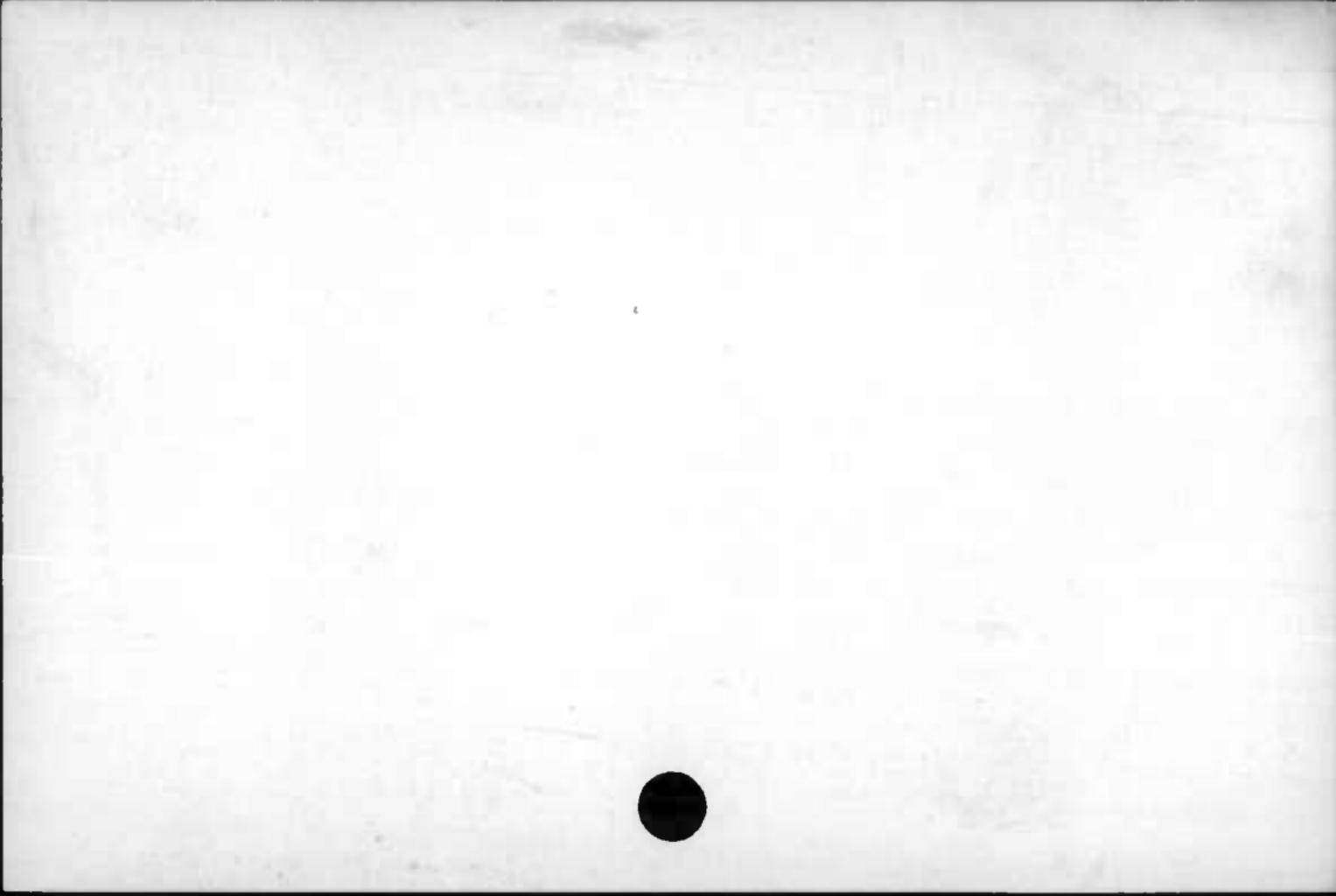
yes

Signature of Physician

Address

W W Dyson
Laytonsville Md

Accident or Suicide?



Name
in
Full

Margaret Lang

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died et

Town

Phenix

County

Montgomery

Date
of death 190

Month

7 March

Day

9

Age

Years

79

Months

Days

Sex

Female

Color or
Race

German

Birth-
place

Germany

Occupation

Nurse

Where Residing if not
at place of death

Stance

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

164

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fractions of the skull
by a meat cleaver in the hands of person

Immediate

Age, name, age, sex, color, date
and place correctly given above?

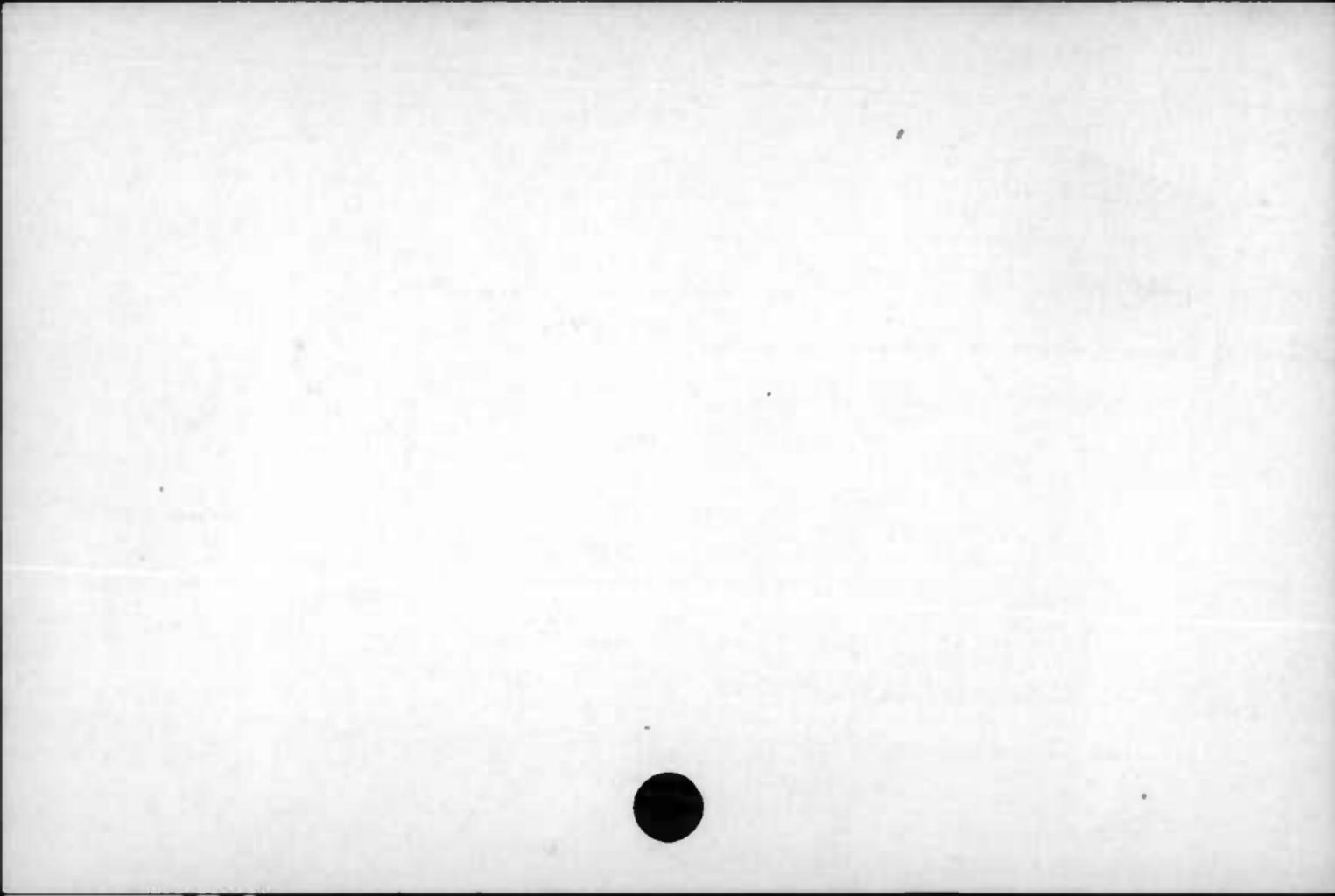
Physician

Address

Gagee Powers
Kearington

Accident or Suicide?

Murder



Name
in
Full

John Maddox

CERTIFICATE OF DEATH

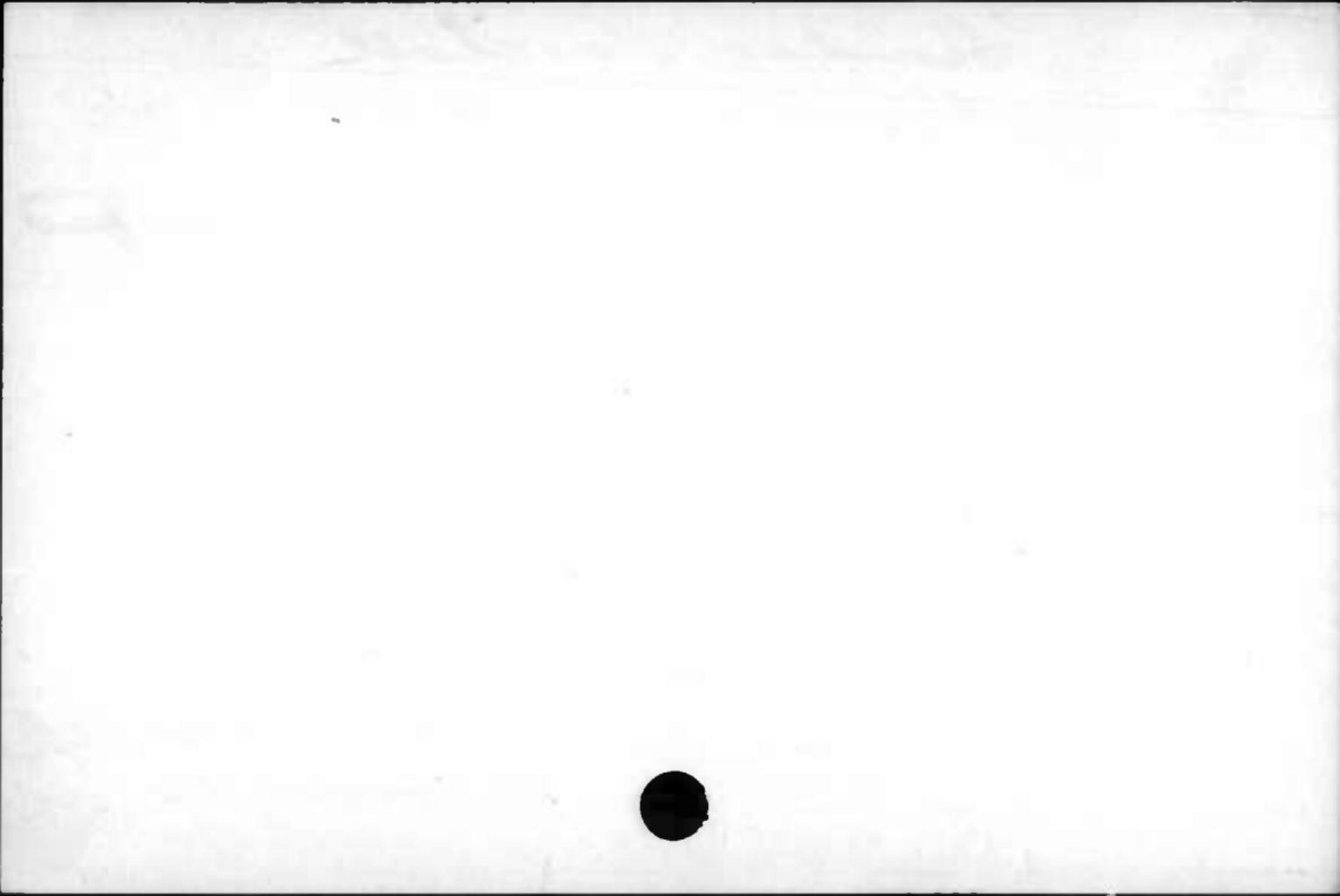
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	X	
Father's Name	Addie Maddox		
Mother's Maiden Name	King		
Name of person giving Information	Charles Maddox Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Influenza	(10)	How long
Immediate	Mumps		Thru months
Are the name, age, sex, color, date and place correctly given above?		Yes	How long
		Edward Anderson M.D.	ten days
		Address	Potomac, Md.
Accident or Suicide?		✓	



Name
in
Full

Sagan Leonidas Marshall

CERTIFICATE OF DEATH

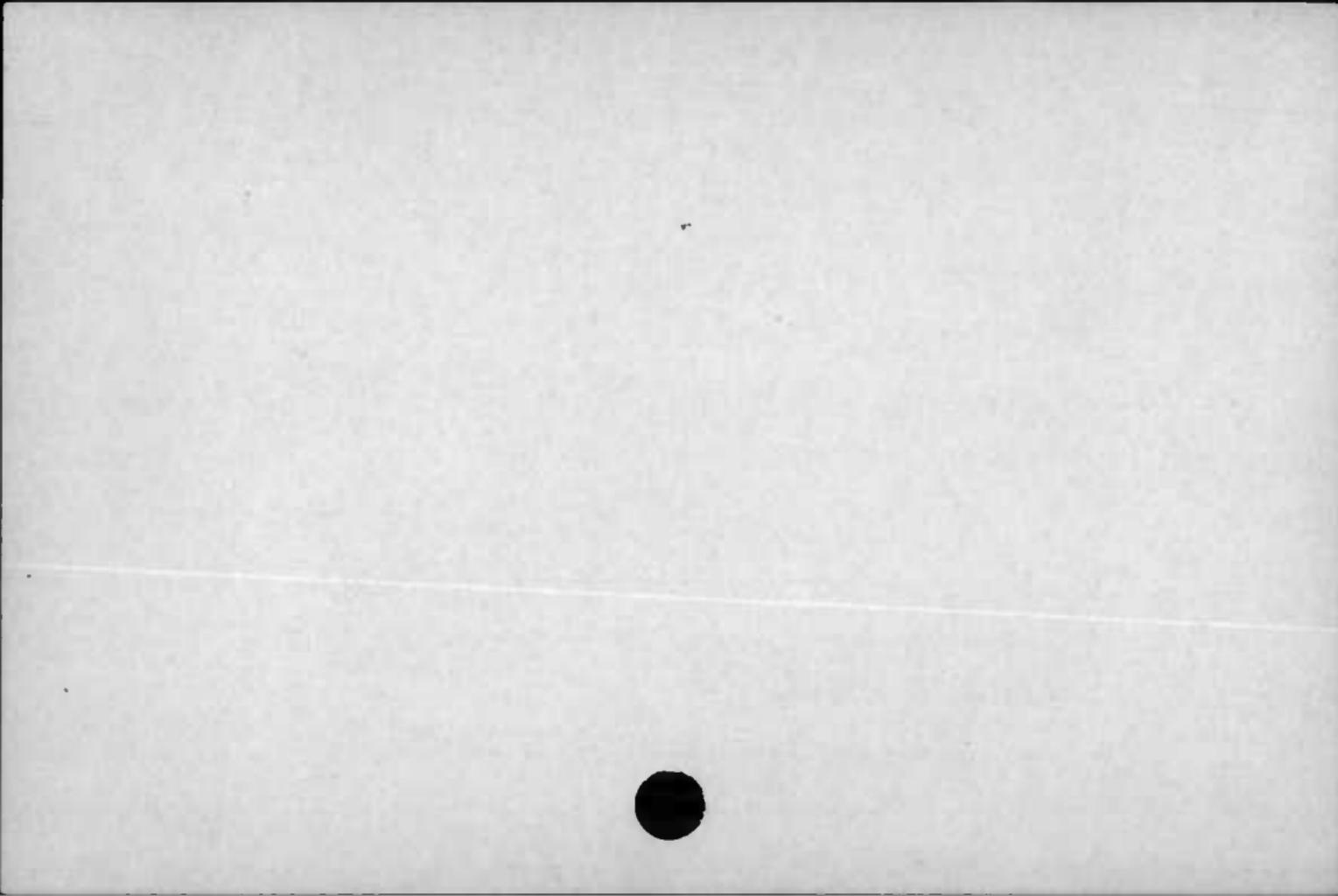
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mount Zion				
Father's Name	Singleton H. Marshall					Father's Birthplace
Mother's Maiden Name	Sarah F Copeland					Mother's Birthplace
Name of person giving information	Singleton H. Marshall					How related to deceased

CAUSES OF DEATH

Primary	Meingitis	(61)	How long	
Immediate	Cerebral Effusion		3 days	
Are the name, age, sex, color, date and place correctly given above?		yes	How long	
		Signature of Physician	G. W. Carter M.D.	
		Address	Brooksville, Md.	
Accident or Suicide?				



Name
in
Full

George H Moxley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Laytonsville	Montgomery			
Date of death	1907	Month	March	Day	9
		Years	64	Months	
Sex	Male	Color or Race	White	Birth-place	Montgomery Co
Occupation	Sawing & Carpenter	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Catharine Beale		
Father's Name					
Mother's Maiden Name					
Name of person giving information					

CAUSES OF DEATH

1166

Primary	Shock & Hemorrhage produced by accidentally falling into Circular Saw	How long	Immediate
Immediate		How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W H Payson
		Address	Raytownville Md
Accident or Suicide?	Accident		



Name
in
Full

Harriet Ellen Nichols

CERTIFICATE OF DEATH

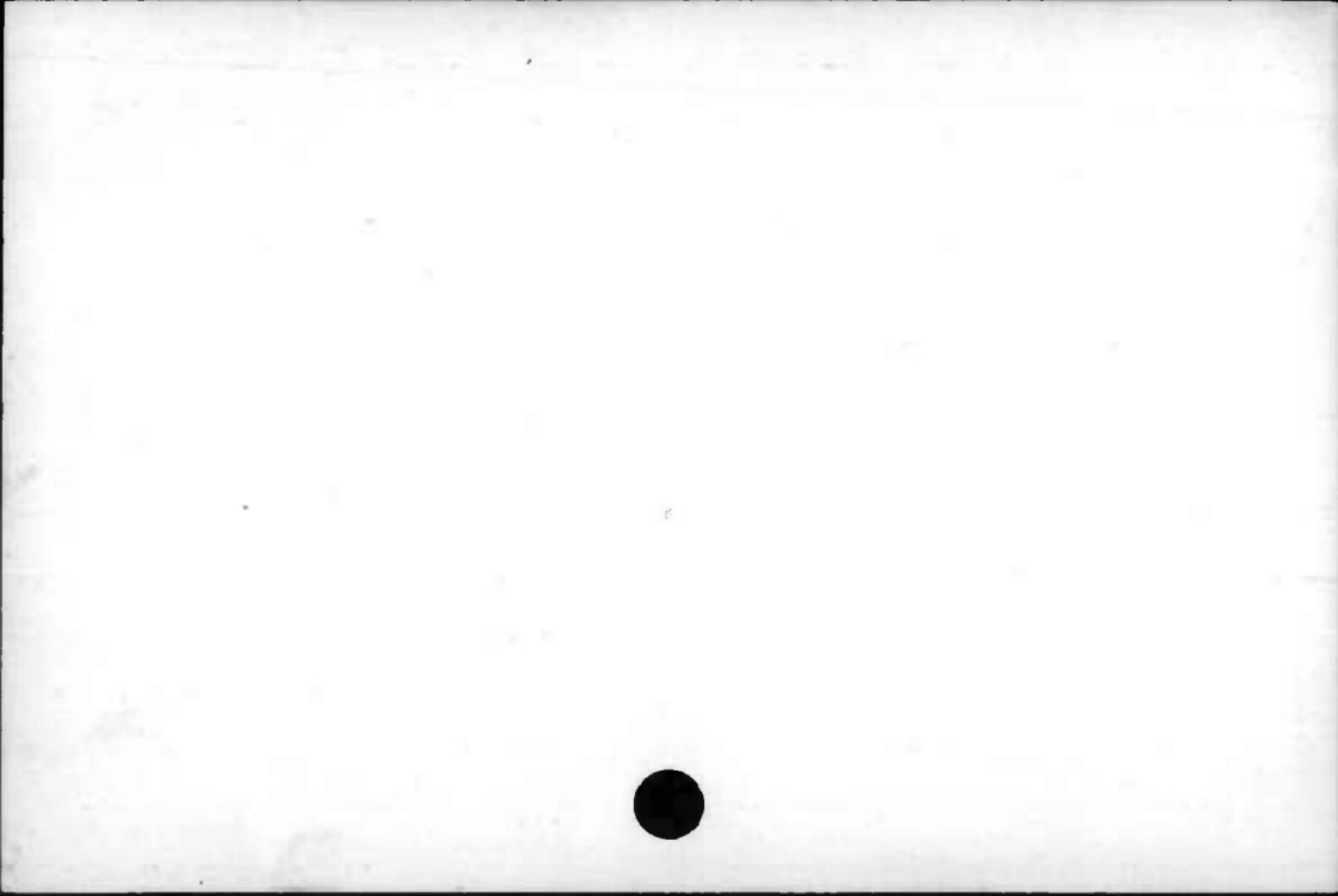
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Mt Ephraim</u> Town		County <u>Montgomery</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>March</u>	Day <u>27</u>	Age <u>14</u>	Years <u>1</u>	Months <u>9</u>	Days <u>24</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Mt Ephraim</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Chas E Nichols</u>	Father's Birthplace <u>Mt Ephraim</u>					
Mother's Maiden Name <u>Harriet Ellen Andrews</u>	Mother's Birthplace <u>" "</u>					
Name of person giving information <u>Harriet E Nichols</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

Primary <u>Rheumatism</u>	(9)	How long <u>One week</u>
Immediate <u>Sepsis</u>	(9)	How long <u>Eight days</u>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician <u>J D Monastre</u>
		Address <u>100 Monastre St Parsippany N.J.</u>
Accident or Suicide?		



Name
in
Full

Roger Onley

CERTIFICATE OF DEATH

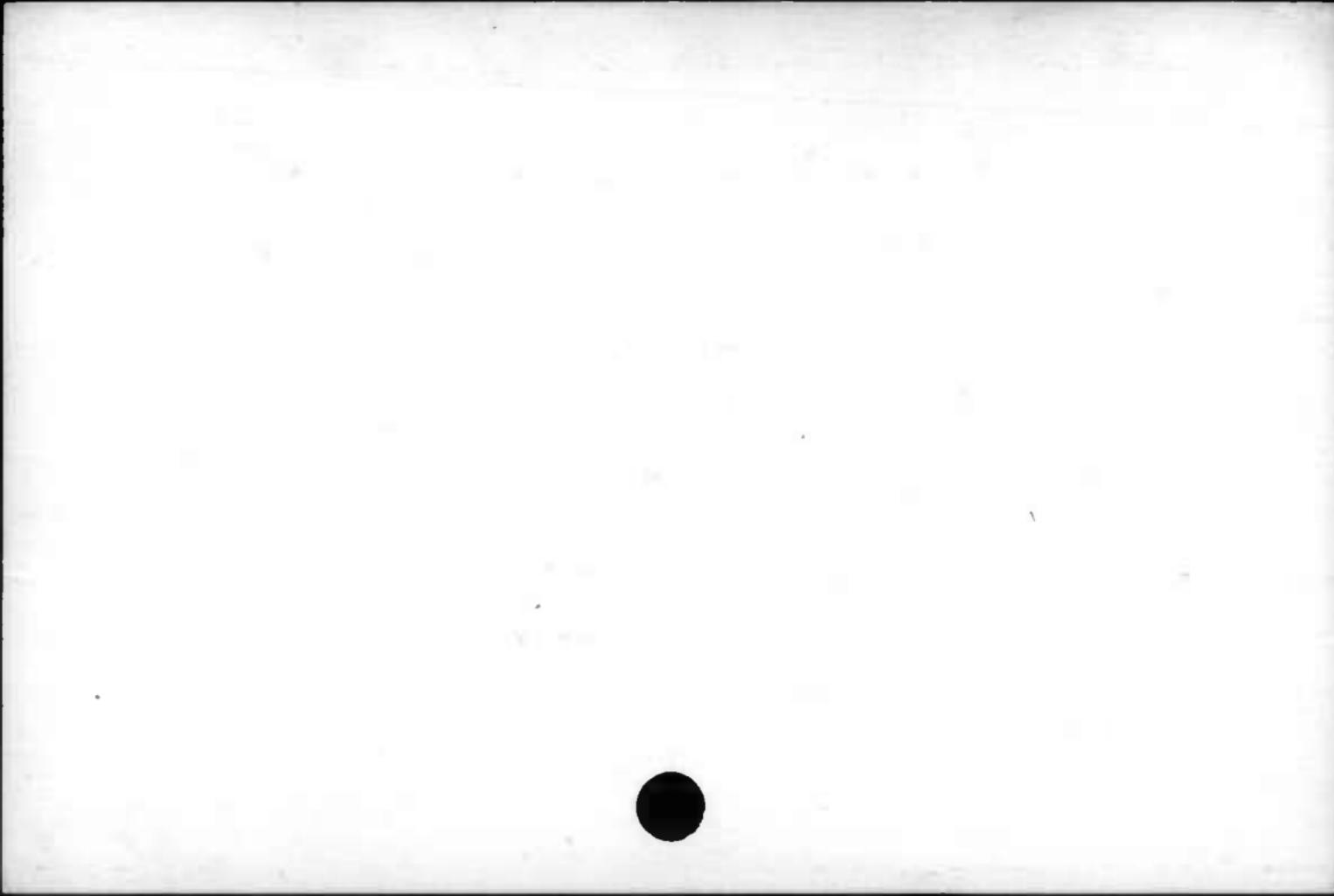
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1907	March	4	—
Age	23	Days	—
Sex	Male	Color or Race	Black
Occupation	Farmer on farm		
Where Residing if not at place of death	—		
Married, Single or Widowed	Single	Name of Wife or Husband	—
Father's Name	Henry Onley		
Mother's Maiden Name	Thora Abramson		
Name of person giving information	Garfield Onley		
Father's Birthplace	Montgomery Co Md		
Mother's Birthplace	Maryland		
How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grip	(10)	How long
Immediate	Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.W. Stonestreet
		Address	Parsonsille Maryland
Accident or Suicide?			



Name
in
Full

W^m Henry Parsley

CERTIFICATE OF DEATH

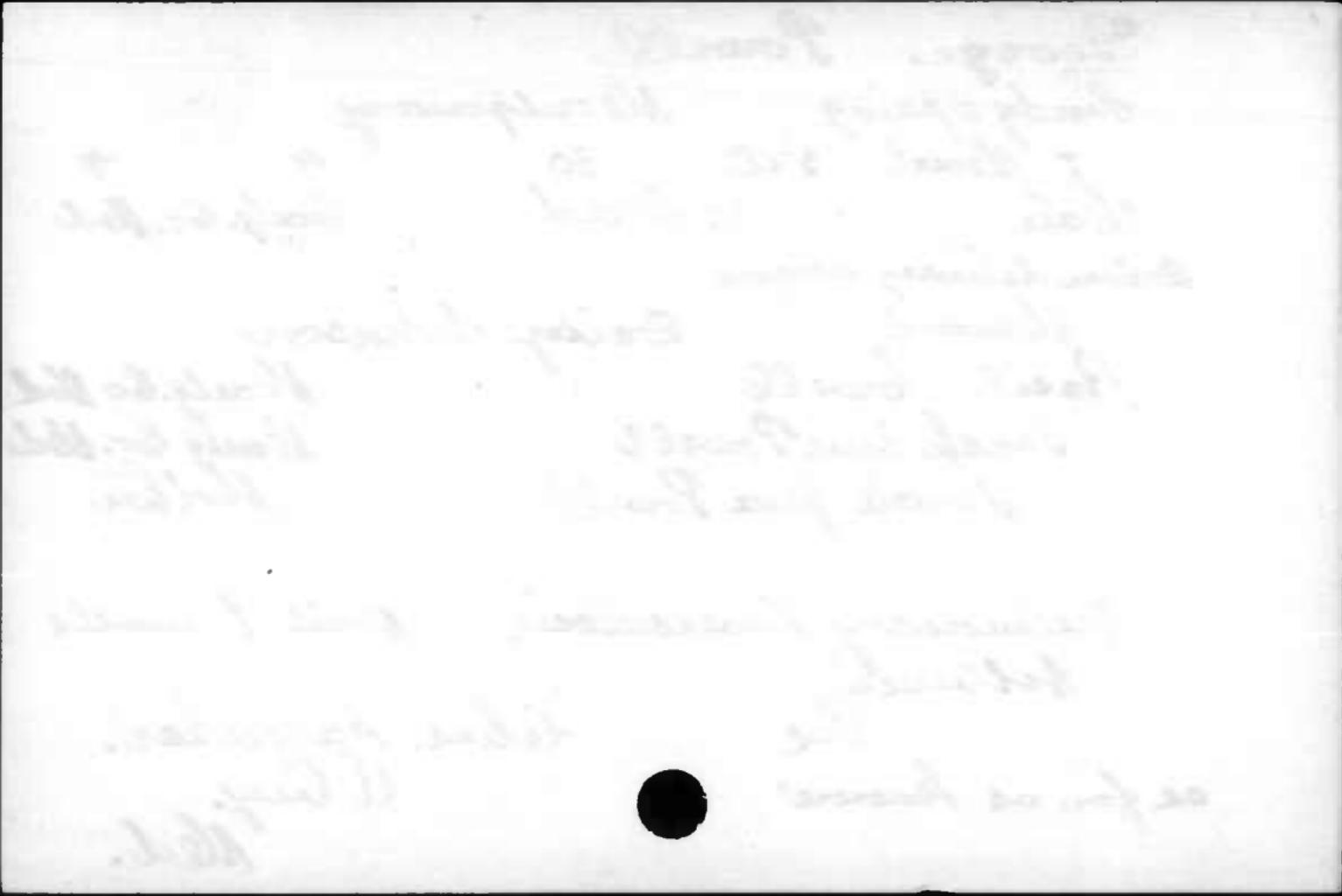
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	96	8
Occupation	None	Where Residing if not at place of death	Home		
Married, Single or Widowed	widow	Name of Wife or Husband	Don't Know		
Father's Name	James Parsley	Father's Birthplace	Md		
Mother's Maiden Name	Maryout Thompson	Mother's Birthplace	Md		
Name of person giving Information	Frank Lazar	How related to deceased	none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sinility	154	How long	x
Immediate	Exhaustion		How long	few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W.L. Lewis H.O.	
		Address	Kensington	
Accident or Suicide?			Md	



Name
in
Full

George Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Sandy Spring	Town	County	MARYLAND	
Date of death	1907	Month	Day	Years	Months Days
Sex	Male	Color or Race	Colored	Birth-place	Mdly. Co. Md
Occupation	Driver delivery wagon			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name or Wife or Husband	Daisy Johnson		
Father's Name	Basil Powell			Father's Birthplace	Mdly. Co. Md
Mother's Maiden Name	Sarah Jane Powell			Mother's Birthplace	Mdly. Co. Md
Name of person giving Information	Sarah Jane Powell			How related to deceased	Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary
Pulmonary Tuberculosis

How long
About 9 months

Immediate
Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

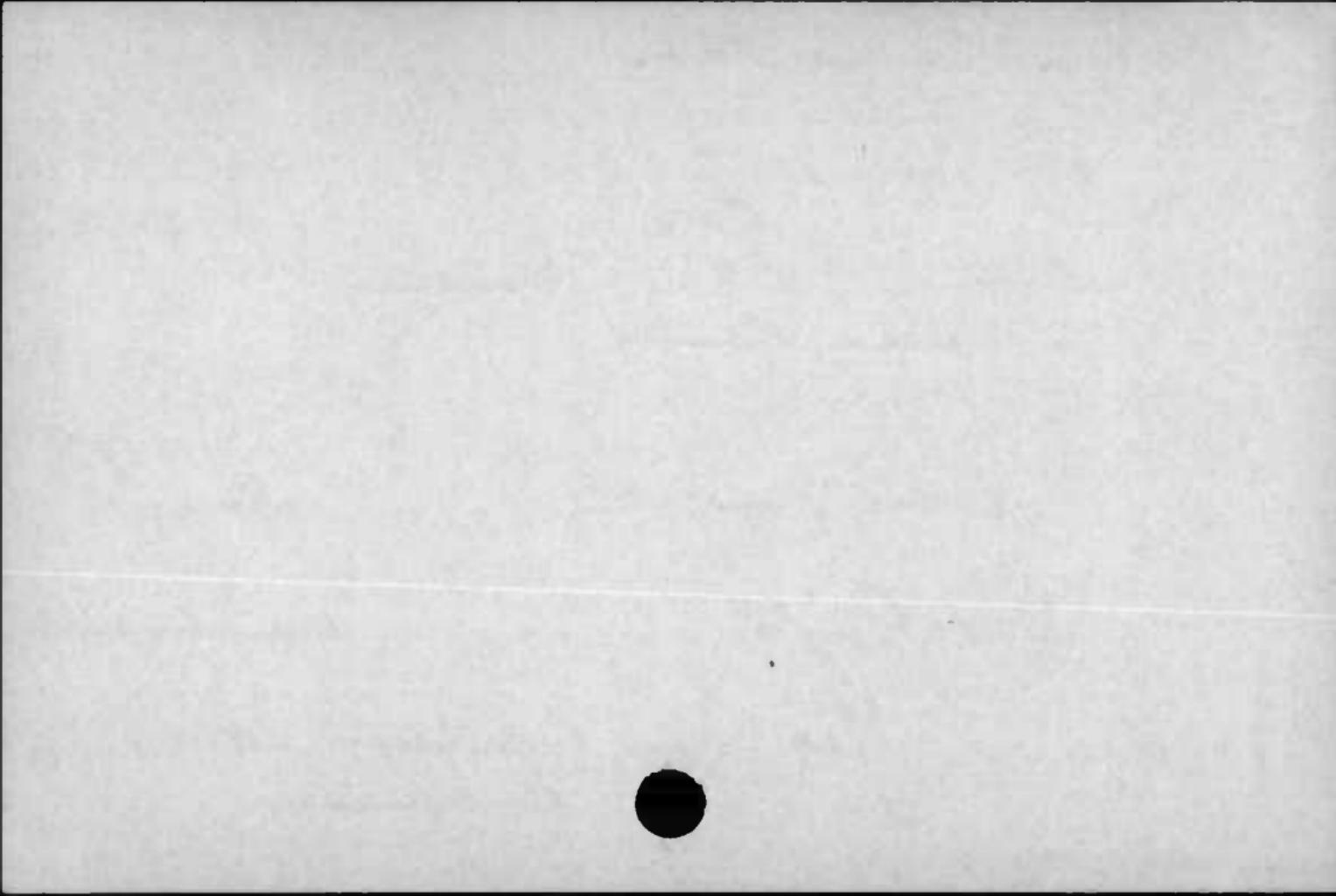
Celia. Fargular.

as far as known

Address

Olivey.

Accident or Suicide?



Name
in
Full

Richard Taylor Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died	County				
Near Brookville	MONTGOMERY				
Date of death 1907	Month March	Day 19 th	Years Age 78	Months	Days
Sex Male	Color or Race Colored	Occupation Gardener	Birth- place Montgomery Co. Md.		
Married, Single or Widowed Widower					
Name of Wife or Husband Julia Powell					
Father's Name					
Mother's Maiden Name					
Name of person giving Information Oliver Powell					

PHYSICIAN
OR DOCTOR

CAUSES OF DEATH

Primary

The Grippe

(10)

How long

about two weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

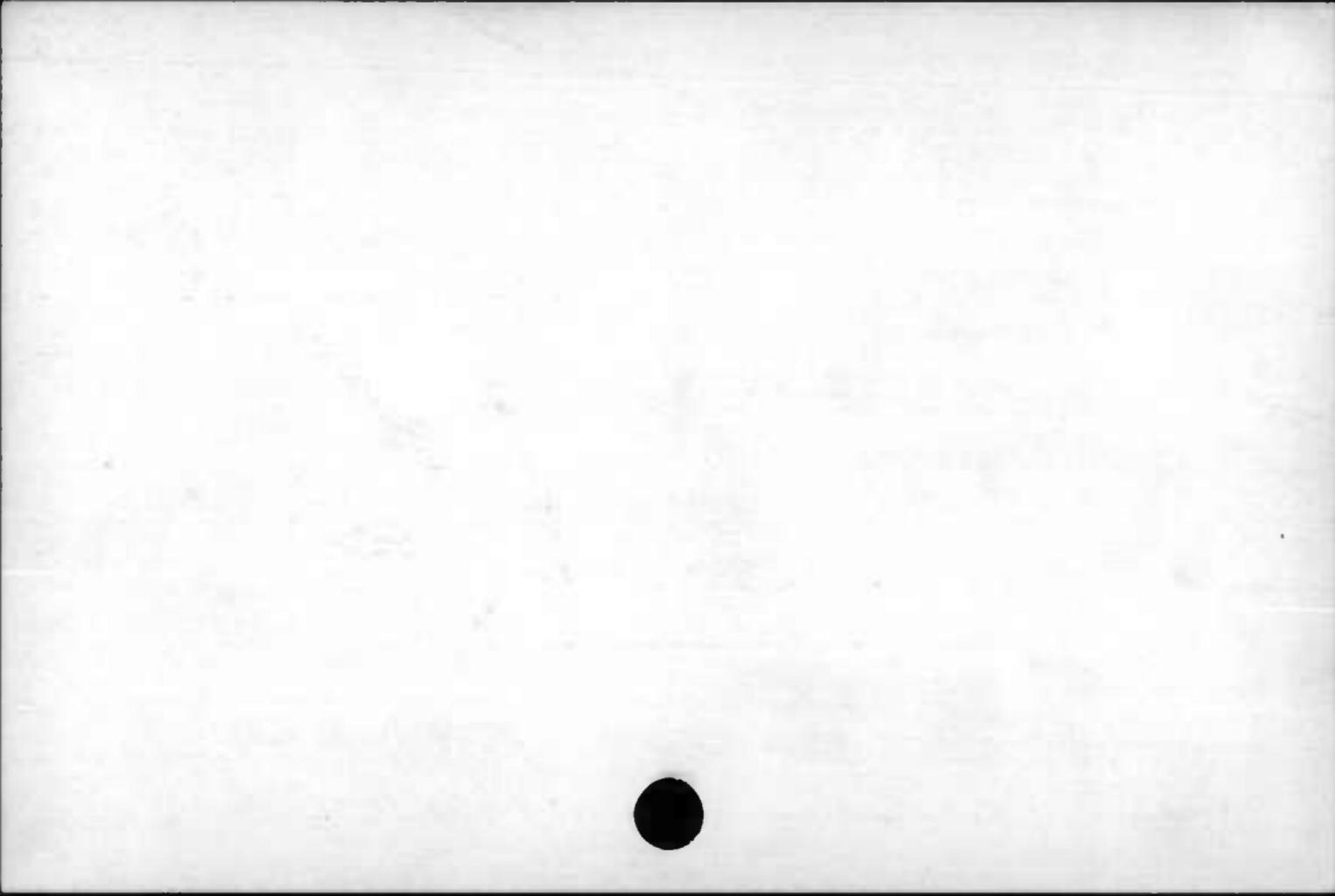
W. F. Green, M. D.

Address

Brookville,

Maryland.

Accident or Suicide?



Name
in
Full

Albert Richard Stewart

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at <u>near Laytonsville</u>	<u>Montgomery</u>		
Date of death <u>1907</u>	Month <u>Mar</u>	Day <u>27</u>	Years <u>68</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Montgomery Co</u>	Days <u>37</u>
Occupation <u>Farmer</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>	Father's Birthplace <u>Montgomery</u>	Mother's Birthplace <u>"</u>
Father's Name <u>Middleton Stewart</u>	How related to deceased <u>Aephew</u>		
Mother's Maiden Name <u>Emelie Pope</u>			
Name of person giving information <u>William S Magnolia</u>			

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary

Chronic Prostatitis + Diabetes

How long

several years

Immediate

Paralysis

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

yes

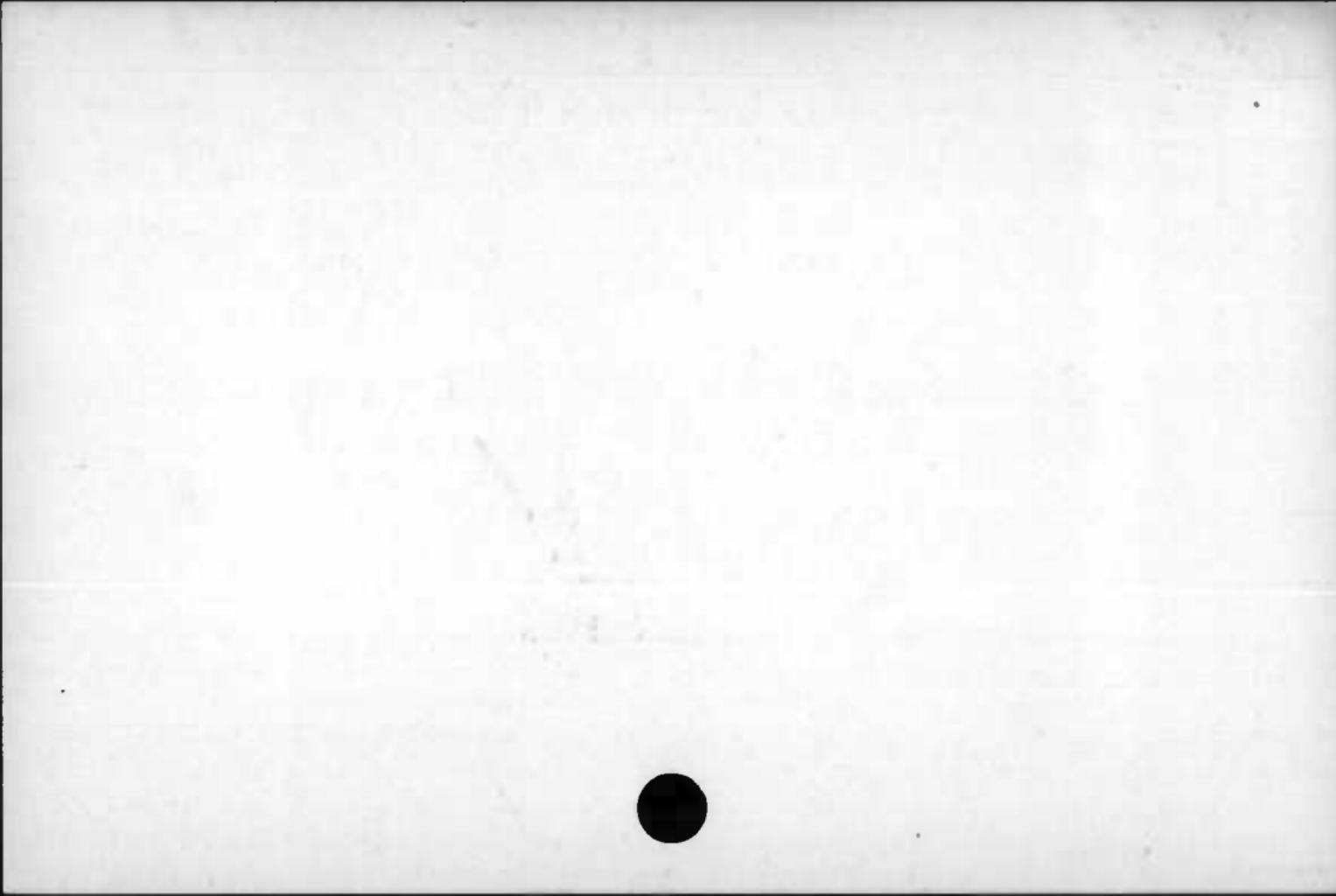
Signature of Physician

Address

O H Dyer

Laytonsville Md

Accident or Suicide?



Name
in
Full

Martha Lay Lox

CERTIFICATE OF DEATH

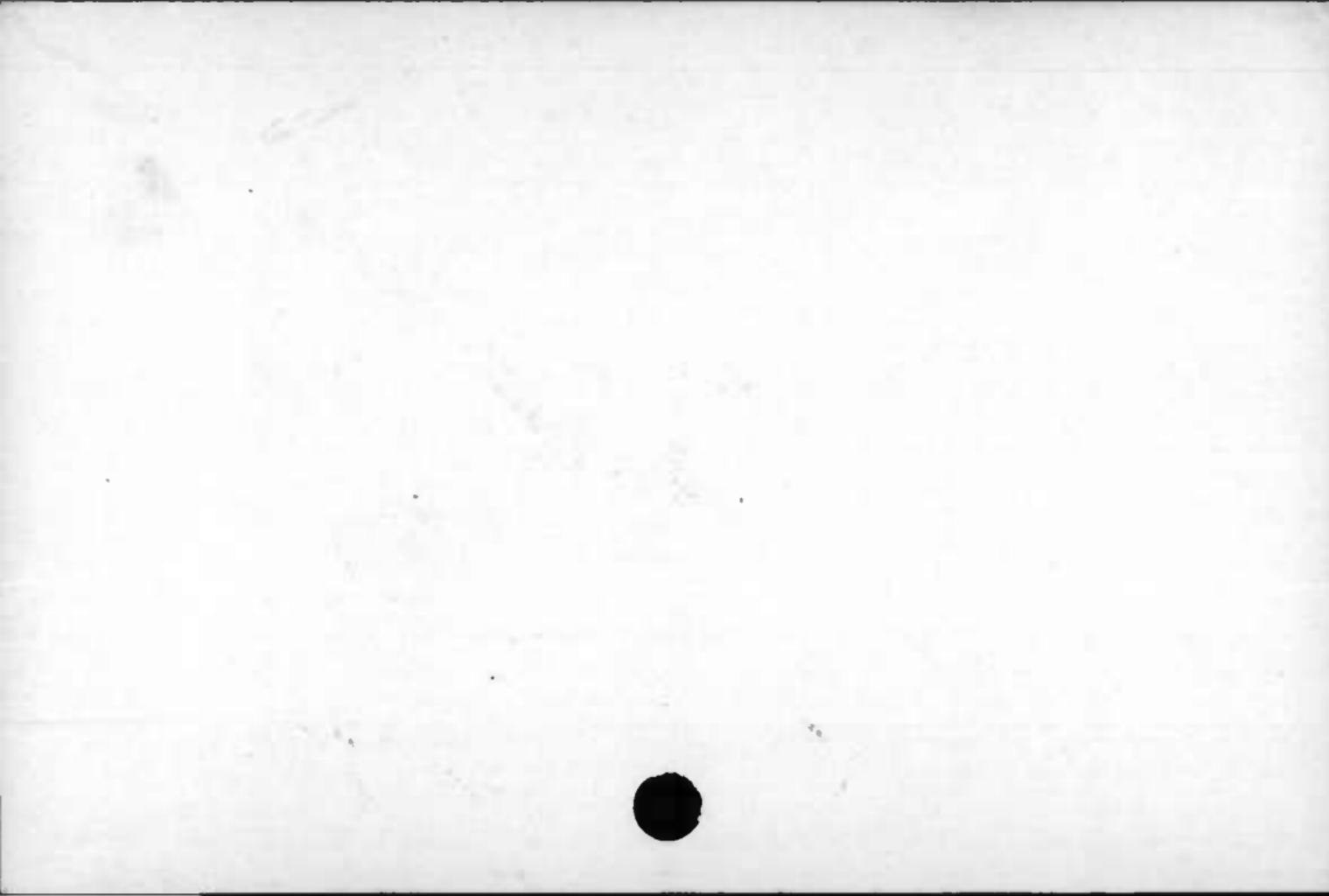
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Martinsburg	Maryland	Months	Days	
Date of death	Month	Day	Years	Months	Days
1907	March	16	Age	55	
Sex.	Color or Race	Where Residing if not at place of death			
Female	Negro	Martinsburg			
Occupation					
Married, Single or Widowed	Name of Wife or Husband	John Taylor	Father's Birthplace	Polarville	
Father's Name	Lou Hebron	Mother's Birthplace	Martinsburg		Brother
Mother's Maiden Name	Drusie Brauner	How related to deceased	Brother		
Name of person giving information	Gilham Cromwell				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	(10)	How long	3 months
Immediate	Pneumonia		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	R. Scott sub reg
			Address	Polarville Md
Accident or Suicide?				



Name
in
Full

Frank Welsh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month 3	Day 22	Years 50 Months 2 Days 15
Sex Male	Color or Race White	Birth-place Maryland	
Occupation Nom	Where Residing if not at place of death X		
Married, Single or Widowed Single	Name of Wife or Husband X	Father's Birthplace Maryland	
Father's Name Warner Welsh	Mother's Birthplace Maryland		
Mother's Maiden Name Mary J. Hyatt	How related to deceased Brother		
Name of person giving information W. W. Welsh			

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long Three years
Immediate	Exhaustion	How long Three days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Edward Anderson M.D.
		Address Rockville, Md.
Accident or Suicide?		

